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22 October 2005

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Northern Ireland sets out 20-year primary care plan

Pharmacy in the future at PSNC's conference

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Basic ETP before full 2007 roll out

England's electronic prescription service (EPS) will be rolled out in a basic format before full functionality is added by the end of 2007, NHS Connecting for Health has announced.

EPS will be rolled out in two phases for the 'basic' service (release one) and two phases for the full service (release two). Release one will trigger the first of two one-off payments of £1,300 to contractors participating, plus potentially an ongoing £200 monthly allowance. Release two will trigger a final one off £1,000 payment, in 2006-07. A more specific phase start-up timetable is not yet available, PSNC information services head Lindsay McClure said.

The two phases of release one are:

- Initial implementers: This started in February 2005 and involves the use of ETP compliant systems at local implementation sites. It aims to prove the technical stability and safety of systems and looks at local prescribing and dispensing processes in light of ETP.
- Nationwide deployment: This will build system capacity by maximising the number of locations connected and operating the service. Suppliers whose systems are compliant, have met clinical safety requirements and who have done at least one initial implementation will deploy the system to their users. Pharmacists will be registered for access to the system and given smartcards. Appropriate network connectivity to the N3 infrastructure will also need to be in place. Pharmacists with upgraded systems will be able to scan prescription barcodes to retrieve prescription details from the service.

Release one will allow electronic transmission of data between prescriber and dispenser, but paper prescriptions will still be needed.

Release two comprises:

- The transition phase: This will move the prescription service from a parallel paper and electronic service to one where the electronic prescription predominates. During this phase, it is anticipated that the PPA will commence reimbursement against electronic claims.
- Full ETP: the default position will become the issue of a digitally signed electronic prescription. This will be the legally valid prescription and a signed paper prescription will not be issued (unless there are specific reasons).

Accepting the CfH's position that the implementation of EPS presents an enormous logistical challenge, PSNC says it will be publishing guidance on achieving connectivity in terms of choosing a system and receiving smart cards within the next few weeks.

Ms McClure added that a prime objective of future negotiations would be to ensure contractors are not vulnerable to significant competitive imbalance relating to the rollout of release two. Noting release two should be much easier to implement than release one, she said there should not be a prolonged transition between the two releases. Also, the need for direction from the health secretary before electronic prescriptions can be issued also offered the opportunity to control the transition, she added.

PSNC has confirmed that contractors will receive the full £1.766 billion in funding that was agreed for the first year (2005-06) of the new contract, despite the IT 'underspend' for 2005-06 that will result from the new ETP funding arrangements. NHS services head Alastair Buxton said PSNC will meet the DoH to discuss this and other potential underspends from year one of the new contract, including those relating to the provision of advanced services. **AC**

Pharmacists and parliamentarians debated the upcoming white paper on healthcare outside hospitals at a meeting of the All-Party Pharmacy Group at Westminster on Tuesday. Pictured from left are Dr Fiona Aldshead, deputy chief medical officer, Dr Howard Stoate MP and Dr Mike Dixon, a GP and chairman of the NHS Alliance. Among the points raised were: linking pharmacists' pension funding to new services; the need for closer working between health professionals and with social services; how the restructuring of PCTs into commissioners is creating instability and the threat of "salami-slicing (further) fragmentation and duplication" when services are commissioned in primary care.

IT

Alliance makes internet application

Alliance Pharmacy has applied under the revised control of entry regulations to set up an internet pharmacy from its office in Feltham, Middlesex, Hounslow PCT has confirmed.

However, the chain's NHS strategy manager Jonathan Buisson said the reason for the application was not to set up an internet pharmacy but a centralised dispensary for supplying care homes that are currently serviced by some of its branches. This would take the "pressure off branches" and allow them to deliver advanced and enhanced services, he added.

The request has yet to be approved and a final decision could take over a month said Rory Hegarty, spokesman for Hounslow PCT. The deadline for comments is November 4.

Under the new control of entry rules, internet/mail order pharmacies must comply with the essential service requirements of the contract. **GP/MG**

POLITICS

MPs launch script fee review

A review of prescription exemptions has been launched by an all-party public health group at the House of Commons, chaired by Labour MP and GP Howard Stoate. The Health Select Committee will also review prescription charges

Dr Stoate told *C&D* that he believed successive governments had shied away from reviewing the system of prescription exemptions because they feared the political consequences. "They haven't been changed fundamentally since the 1960s," said Dr Stoate. "I think there are clear anomalies that need to be sorted out."

He said the anomalies included the fact that patients with an over-active thyroid and an under-active thyroid were treated completely differently with one qualifying for free prescriptions and other being forced to pay. "Where is the logic in that?" he asked.

The BMA are among those submitting evidence to the inquiry, and Dr Stoate said he would be submitting a report to the Government. **CB**

Inbrief

Welsh rates

Community Pharmacy Wales plans to publish all-Wales rates for the 10 enhanced services of the new pharmacy contract early next year. Chief executive Peter Haydn Jones said CPW was able to develop a pricing structure for Wales, as it is able to liaise directly with all its local health boards. This is because, constitutionally, CPW can be considered as a single LPC, PSNC has confirmed.

Mr Haydn Jones said rates for substance misuse, needle exchange, minor ailment schemes and smoking cessation – which are expected to be the first services to be priced – will be based on the cost centre toolkit currently being developed by PSNC.

Online DTB

All community pharmacists resident in Wales can now access the online *Drug and Therapeutics Bulletin*. Pharmacists will need to register their email address with the RPSGB in order to receive a secure ATHENS password to access the site. Community pharmacist is England can already obtain an ATHENS password through their PCT's pharmaceutical advisor.

For more information:
RPSGB Welsh Executive
Tel: 029 2041 2800

RETAILING

Celesio buys 111 pharmacies in NW

by Max Gosney

Healthcare firm Celesio plans to boost its Lloydspharmacy chain to 1,524 outlets as part of a £100–£300million deal to acquire 111 pharmacies in North West England.

The addition of the Cohens and Scholes stores will strengthen Celesio's European pharmacy chain to over 2,000 according to the company.

The acquisition, which is subject to Office of Fair Trading (OFT) and Competition Commission (CC) approval, signalled a positive step for Lloydspharmacy, claimed managing director Justin Ash.

"This is an exciting time for the company and for the pharmacy profession. This deal will strengthen our position as the largest retail pharmacy chain in the UK and shows our commitment to an exciting future for the trade," he said.

Mr Ash dismissed speculation that the Celesio deal was a direct counter to recent plans by Boots and AllianceUniChem (AU) to create a merged group of 2,600 pharmacies.

He commented: "It has nothing to do with the AU Boots merger plans. This is about our strategy of creating a portfolio of community focused pharmacies."

Celesio has agreed a price of between £100 to £130 million with the pharmacy operator Primelight and Levelcrown for the sites based in the Manchester and Leeds area, revealed Mr Ash.

The location and business profile of many of the pharmacies was a key factor in the acquisition said Mr Ash. "Most of the sites are community based with a strong NHS business, which is what Lloydspharmacy is about. "They also provide a good geographical fit with our business," he said.

The complimentary location of the acquired sites would ensure minimal difficulties with UK competition authorities, stated chief executive officer of Celesio AG, Fritz Oesterle.

Following OFT and CC approval, Lloydspharmacy will begin re-branding the pharmacies, according to Mr Ash. Consultation areas and diagnostic testing facilities will also be added to pharmacies where necessary, he said.

Redundancies will be unlikely among the 800 existing staff at Cohens and Scholes branches, according to Lloydspharmacy. "We see this as an opportunity for all," stated Mr Ash.

Primelight and Levelcrown will continue to run a portfolio of Cohens and Scholes pharmacies in other parts of the country, according to Celesio.

POLICY

NI strategy integrates and develops pharmacy role

The future role of Northern Ireland's community pharmacists has been outlined in the province's strategy for primary care for the next 20 years.

For the country's 1,000 community pharmacists, in the future they will, in addition to dispensing medicines, offer a range of services including MUR, monitoring and evaluating drug therapy, disease prevention programmes and managing patient care plans. They will also offer clinical pharmacy advice and guidance to GPs and other healthcare professionals on prescribing practice.

The role of the community pharmacist in the primary care team will be developed and an integrated and standardised medicines management framework between the primary care and hospital sectors will be established. The aim is to set up the new community pharmacy contract by April 2006.

Health minister Shaun Woodward said the strategy *Caring for People Beyond Tomorrow* provides the clear sense of direction for placing primary care at the heart of future health and social care in Northern Ireland.

Patrick Lane: still awaiting the nuts and bolts of the contract

Patrick Lane, president of Ulster Chemists' Association, said: "It is a generally positive document. It focuses on teamwork and information sharing and ties it all together for the benefit of the patient. We all look forward to working towards those goals."

Although Mr Lane believes that pharmacists are well placed to get involved in treating minor ailments, repeat dispensing and supplementary prescribing, success depends on the teamworking ethic and information sharing, which needs networked IT systems. "The vision also needs to be underpinned with properly trained and motivated pharmacists and staff and appropriate systems for clinical governance," he said.

Mr Lane questioned whether it would be possible to implement the new pharmacy contract in Northern Ireland by April 2006 and asked how it would be funded in terms of resources and time.

"The framework is there but the nuts and bolts are not yet. Pharmacists would be keen to see the positive developments of the vision, with patients being encouraged to take charge of their own health, but one pharmacist in a pharmacy cannot do everything." **JE**

MULTIPLES

AIMp opposes linking contracts to OTC prices

The Government's proposal to link the award of pharmacy contracts with cheaper prices of over-the-counter medicines is "completely unworkable", the representative body for regional pharmacy multiples has said.

Sales of OTC medicines are private transactions and are made outside the NHS either "because the patient chooses to do so or because the NHS will not make such a purchase on their behalf", the Association of Independent Multiple Pharmacies has said in its response to the proposal. "It is therefore inappropriate for the NHS to seek to involve itself in this area," it added.

It would be "practically impossible" to ensure that a pharmacy granted a contract on the basis of the price and range of OTC medicines was keeping to its commitment "years" after it had opened, AIMp added.

- Charges for contract applications should reflect the type of application being made, AIMp has said. But the association is "wholly against" the Government's proposal to vary charges according to the turnover of the applicant, as this would be "discriminatory and unfair".

If charges are introduced for contract applications, then they should also apply to doctors and to those seeking a contract under the control of entry exemptions, AIMp believes. **GP**

PRACTICE

Trust grants £60k for practice research

Bursaries worth nearly £60,000 have been granted to four community pharmacists to enable them to carry out research that relates to everyday practice.

The largest award of £38,159 has been made to Manchester locum Anita Sharma by the Pharmacy Practice Research Trust. It will fund an MSc in health psychology. She intends to investigate the mental health needs of ethnic minorities.

The other awards were made to:

- John Hall, a pharmacist from County Durham, who received £12,000 towards an MPhil.
- Jessica Purkiss, a locum from County Durham, who received £4,985 to continue her research into depression.
- Nazmeen Khideja, pharmacy and clinical services manager from Birmingham, who has received £4,500 to fund the conversion from a diploma in community clinical pharmacy to an MSc.

Inbrief

Contract visits

Local health board visits to monitor compliance with the pharmacy contract should not impact negatively on the day-to-day running of the pharmacy, NHS Wales has said in its latest briefing paper.

"Inspection teams should not necessarily expect to have the pharmacist devoted to them during any visit, nor should any inspection disrupt the concentration of pharmacy staff in the provision of care to patients," the paper says.

Inspection teams should also avoid duplication with RPSGB visits.

See also the PSNC conference report on page 34.

RPSGB census

The RPSGB is reminding pharmacists that they have until November 1 to return their census forms. To date, 23,000 responses have been received but the Society is keen to hear from all pharmacists to inform its workforce plans.

Tesco's MURs

Tesco is targeting patients with chronic obstructive pulmonary disease for a medicines use review at 44 of its 200 branches. The company is using GSK's +Plus service to identify patients with COPD who could benefit from a review. The service will run for eight weeks in the north of England, the Midlands and Wales.

Prescribing aid

The RPSGB has published a clinical governance framework for pharmacist prescribers and for organisations that commission such services to ensure patient safety is integral to the service.

The guide provides suggested indicators of good practice for prescribing and gives examples of good clinical governance practice.

For more information:

www.rpsgb.org/clingov

Questiontime

This week's question:

Do you think prescription charges for patients should be:

- **Retained**
- **Reduced**
- **Abolished**

You have until noon on October 25 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on October 29.

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References: 1. Ratner PH *et al.* J Fam Pract. 1998; 47(1): 19-26. 2. Storms W *et al.* Arch Fam Allergy Asthma Immunol 1998; 80: 115-23. 3. Kaszuba SM *et al.* Arch Intern Med 1997; 157: 2581-2587. 4. Jordana G *et al.* JACI 1995; 95: 388-94. 5. Canonica GW *et al.* J-L. Allergy 1997; 52: 445-450. 6. Vandorpe J, Champion J, Desbougerie [illegible] 1997; 13(6): 291-298.

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Needle exchange services are 'substandard'

by Anna Hodgekiss

Inconsistent working practices and poor advice means some pharmacy needle exchange services are "substandard", an author of the first national needle exchange audit has said.

With 80 per cent of needle exchange now occuring in pharmacies, Neil Hunt, of the University of Kent, said people relying on them exclusively could miss out on wound care and blood-borne virus advice. Combined with the use of different paraphernalia, this sends mixed messages about best practice, the audit found.

Preliminary findings of the report for England and Scotland were presented at the National Conference for Injecting Drug Use last week. Pharmacists attending the conference had mixed views about the report, which suggests the new contract is a chance to improve needle exchange services.

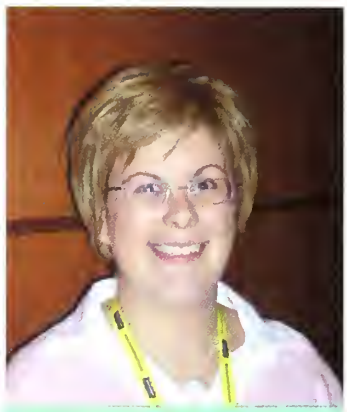
"In the past, some pharmacists have assumed clients want the needle exchange to be as quick as possible," said Claire Liptrott, clinical lead for Halton PCT.

"The culture is changing now, and it's all about providing a professional service now under the new contract."

Knowing when to refer on is critical, said Grimsby pharmacist Tim Cottingham, who has run a needle exchange service for 13 years.

"I know I can never be as good as a stand alone needle exchange, but pharmacies are accessible, anonymous and a first port of call for many clients," he said. "It's all about knowing your limits and referring people on when necessary. That is the key to pharmacy."

The conference was supported by Lloydspharmacy, who run



rehabilitation schemes in over 930 stores. Professional development manager Julian Hickman said the biggest challenge facing pharmacists in needle exchange was removing the prejudice surrounding drug users and having clear standard operating procedures in place.

EUROPE

PI body reports Pfizer to EU

Claims that Pfizer flouted EU competition laws by encouraging Spanish wholesalers not to export its products, have been made by the European Association of Euro-Pharmaceutical Companies .

Under Pfizer's Spanish distribution system the company offers a rebate to some operators who keep medicines in the domestic market. The scheme aims to ensure a constant supply of vital medicines in Spain and was approved by the Spanish authorities, according to Pfizer.

But the EAEPC argues that the system unfairly allows Pfizer to prevent parallel trade from Spain, while maximising domestic profits. The EAEPC president said Pfizer's actions breached EU competition rules. He said: "We are submitting to the Commission as a simple open and shut case."

Pfizer said the system was developed to meet the needs of Spanish patients and pharmacies by ensuring the continuous supply of medicines and was approved by the authorities, including pharmacy bodies and it complied with Spanish and EU law. **MG**

AAH awards hospital technicians

Two hospital pharmacy technicians have received awards for the AAH Hospital Pharmacy Technician of the Year.

Tracy Sedgwick of Darlington Memorial Hospital won the clinical category award for work in reducing medication errors and improving patient care across the hospital and community settings. Paul Townsend of Birmingham Children's Hospital won the supply chain category for designing and developing an unlicensed medicines database.

RPSGB secretary and registrar Ann Lewis presented the winners with a decanter and certificate each at a lunch in London. The winners will present their work in a poster session to the annual clinical meeting of the American Society of Health-System Pharmacists in Las Vegas in December.

PROFESSION

Pharmacy's public health work criticised

PharmacyHealthLink has criticised the pharmacy profession for not playing a bigger public health role.

A PHLink director Roger Walker said that pharmacist interventions tended to focus on issues of access to services rather than challenging the underlying causes of health inequalities.

For example, pharmacists undertook a large number of health promotion activities, but these were not necessarily based on an assessment of the local public health needs, he pointed out at last week's Royal Pharmaceutical Society Council meeting.

Pharmacists were good at trying to influence lifestyle factors, like diet, smoking and drug abuse, but needed to tackle wider influences, such as housing, poverty and social exclusion.

These factors had been estimated to determine more than 70 per cent of people's health, explained Professor Walker, a consultant in pharmaceutical public health.

However, several barriers prevent pharmacists increasing their role, including a lack of robust research to provide an evidence base for activities. said Professor Walker.

Other stumbling blocks include the lack of formal training offered, at both undergraduate and postgraduate level, and the tendency for pharmacists to work in isolation, when public health is best addressed in a multidisciplinary manner. "Pharmacy is not always comfortable in that environment," he said.

The RPSGB needs to take the lead on the profession's future public health role, by focusing on education, both through pharmacy schools and continuing professional development programmes.

The Society also needs to work with the UK Voluntary Register for Public Health Specialists by becoming involved in assessment and annotating the Register to clearly identify public health pharmacists, he concluded. **AF**

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Airborne allergies are not just a nuisance in the summer season:

- Tree, flower and weed pollen are common triggers for hayfever in spring and summer. However, other airborne allergens like house dust mites, animal dander and mould spores can cause allergic reactions all year round

Help them spot the difference between colds and flu and allergies

Lots of people get confused, especially in winter, but here's a few signs that may point to an allergy:

- Symptoms that don't clear up for weeks or even months
- Itchy eyes or nose
- A runny nose with consistently clear mucus rather than thick green or yellow mucus
- No fever, sore throat, painful muscles or feelings of weakness

Tell them why Flixonase Allergy can spell year-round success

Let them know there's no better way to relieve the symptoms of airborne allergies all year round:

- Spraying once a day can relieve all their symptoms from itchy eyes to groggy heads
- Because of the way it works, Flixonase Allergy beats once-a-day antihistamines on nasal problems like congestion and that groggy blocked-up feeling[1-6]

So tell them about Flixonase Allergy all year round, because nothing is more effective without prescription.

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References:
1. Ratner PH *et al.* J Fam Prac 1998; 47: 118-25. 2. [illegible] Immunol 1998; 80: 115. 3. Kaszuba, [illegible] 4. Jordana G *et al.* JACI 1996; 97: 588 [illegible] 52: 445-450. 6. Vervloet D, Charpin D [illegible]

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ID checks 'may damage pharmacy relationships'

by Asha Fowells

Asking patients for personal identification before allowing them to collect Schedule 2 Controlled Drugs may damage the patient-pharmacy relationship, says the profession's negotiating body.

Patients requiring Schedule 2 CDs are usually suffering from serious medical conditions, and may not remember to take ID when collecting medicines from a pharmacy, said the Pharmaceutical Services Negotiating Committee. Furthermore, requesting proof of identity from a representative who is collecting a prescription on a patient's behalf would result in the inevitable disclosure of the nature of the drug and hence a breach of confidentiality, it added.

The organisation's comments were made in response to a Home Office consultation that proposed changes to misuse of drugs legislation (*C&D, August 6, p4*). Other concerns include how patient ID checks could be carried out when CD prescriptions are delivered and the additional workload entailed by having to check proof of identity.

Further points made in the PSNC response included:

- Increasing the number of people authorised to witness CD destruction, and formalising the process by which pharmacists destroy patient-returned CDs.
- Introducing a procedure to identify and address habitual failure to comply with CD prescribing requirements.
- The problem with recording a single 'dispenser' of a CD prescription, as the dispensing process may involve many different people.
- Concern that a difference between the actual and theoretical balances of CD stocks could automatically be considered an absolute offence.

The RPSGB view

The RPSGB called for the existing CD schedules to be streamlined to reduce confusion over storage, record keeping and prescription requirements. But, reducing the number of schedules should not increase the burden on pharmacists, it warned.

Another point made by the Society is the issue of instalment prescriptions for addicts.

When patients fail to collect a supply on a specified day, pharmacists should have the discretion to decide whether to supply the remainder of the instalment, the RPSGB argued.

The Heybridge Pharmacy in Maldon, Essex has been shortlisted for a National Dementia Friendly Corporate Award 2005. Dedicated people from all over the country nominated businesses they felt were accessible to elderly people. Heybridge is competing in the individual business category. The team pictured are (from left) Barry Maynard, Kathy Everard, Dimple Bhatia, Shirley Mount and Hayley Jackson.

MULTIPLES

Lloyd's TV ad boosts in-store diabetes testing

Lloydspharmacy's TV advert for diabetes screening has prompted a 500 per cent increase in tests conducted. Over 92,000 diabetes tests were carried out during the five-week campaign, with over 3,500 people referred to their GP.

Branches usually conduct an average of four diabetes tests a week. This rose to an average of 26 per week during the TV campaign, which ran from September 5 to October 3.

The advert is part of a long-term project with Diabetes UK to identify the missing million people in the UK with undiagnosed diabetes. Since the service began in November 2003, Lloydspharmacy has tested 600,000 people and referred 30,000 to their GP.

The company's top tester was John Gibson and his team in Fallowfield, Manchester, who conducted 329 screenings during the five weeks of the ad campaign.

The company's next TV campaign to promote its free prescription collection service began this month, and will run nationally until November 7.

- Nearly 100 MPs and lords attended a Lloydspharmacy diabetes 'testing station' in the House of Commons last week.

Ian Morgan, head of the company's pharmacy services said: "This is the second year we have invited MPs to find out more about our services and judging by the attendance figures, their comments and questions; it is clearly an area that is climbing up the political agenda." **AH**

WALES

Welsh AMs back pharmacy

Community pharmacists could help provide a solution to the waiting list and financial problems of the Welsh NHS, a political party leader has suggested.

Waiting lists in Wales are – according to one count – still rising. Yet too little was being done to make more use of community professionals, particularly pharmacists.

Ieuan Wyn Jones, leader of the Plaid Cymru group in the Welsh Assembly, told his party's annual conference: "By fully utilising our health front line, we will be able to keep people out of hospitals, thus saving £400 per night for each individual who is not admitted."

A similar plea was issued at the Liberal Democrat conference, where former Cardiff deputy minister Jenny Randerson said: "Pharmacists are highly-trained professionals and their skills are currently under-utilised in Wales. Yet they have the potential to take the pressure off over-stretched GP practices."

Mrs Randerson complained that health minister Brian Gibbons had taken "no positive steps" to implement the talked-about widening of services provided by pharmacists. She asked why pilot schemes were necessary when Scotland could be copied. **CB**

MEDICINES

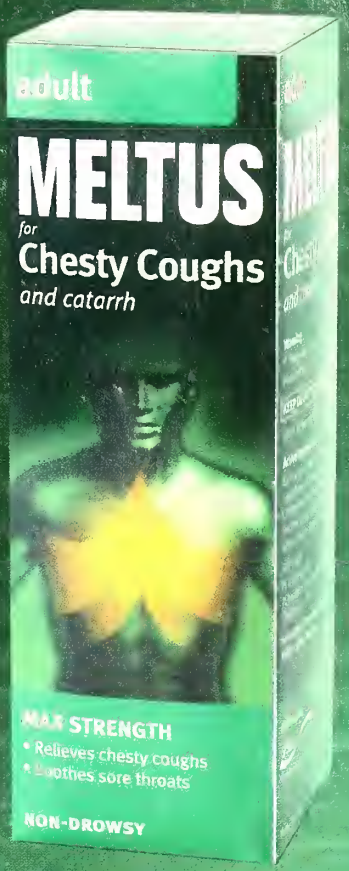
Fluconazole switch concern

Serious safety concerns have prompted the NPA to oppose the recent proposal to reclassify as GSL fluconazole 150mg capsules for treating vaginal candidiasis.

In its response to the MHRA, the NPA said that the proposed patient information leaflet for the GSL product lists over 20 potential drug interactions, some of which are listed only as drug classes. "Patients may not realise their drug is included in a particular drug class," said NPA practice director Colette McCreedy.

The NPA added that there are serious contraindications for patients with heart conditions, and a risk of hepatic toxicity. A GSL licence would make it difficult to ensure that only patients with a prior diagnosis of vaginal thrush buy the product. **AC**

THE FASTEST GROWING COUGH BRAND IS BACK ON TV[1]



- Back on TV with a national campaign – November and December
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1. IRI Latest 4 w/e 3 Sept 05

ADULT MELTUS FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guaiphenesin, 2.5mg Cetylpyridinium Chloride, 1.75g Sucrose, 0.5g Purified Honey. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings, etc:** Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort has been reported. Use in pregnancy and lactation. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml £3.39 excl VAT, 200ml £4.89 excl VAT. **P.L. Number:** 0338/5026R. **P.L. Holder:** Cupal Limited, Tubiton House, Oldham OL1 3HS. **Date of preparation:** October 2003. **Further information is available on request from SSL International, Venus, No1 Old Park Lane, Manchester, M41 7HA.**

MELTUS

PHARMACY

Review business as part of contract implementation

by Gary Paragpuri

Community pharmacists should review their businesses as part of the process of implementing the new pharmacy contract, a UniChem forum has highlighted.

Pharmacy sales areas should reflect the increased focus on health prevention that the contract in England and Wales has introduced, a UniChem pharmacy consultative board meeting has suggested.

"Many of us have gone through the process of changing the layout of our pharmacies to incorporate consultation areas and, when you're doing that, take the opportunity to look at the total business mix," Chris Martin, chairman of UniChem's pharmacy consultative boards (PCBs), told *C&D*.

Chris Martin: Look at total business mix when upgrading premises

Pharmacists should look at their store layout, and use planogram and merchandising services to focus the business on pharmacy's core role of P and GSL medicines, he said, as there is a "recognition that we need to become the healthcare experts in our local community".

Pharmacists could also use tools such as EPoS (electronic point of sale) to identify areas where sales were being lost to supermarkets, as well as socio-economic data from the local census and from PCTs to develop services that meet the health needs of the local community, Mr Martin suggested.

Although a "significant" number of PCB members had installed consultation areas, only a "handful have undertaken MURs [medicines use reviews]", Mr Martin said. This was partly due to a lack of guidance from PCTs over which therapeutic areas they wanted pharmacists to target.

Mr Martin said that ideally pharmacists should engage with local GPs and their PCT before beginning MURs to ensure the service was successful. He suggested that pharmacists and GPs could send joint letters to patients asking them to come to the pharmacy for an MUR.

Pharmacist managers at the Waremoss Group pharmacy in Scotland partnered each other's CPD records and discussed 'near-miss' patients at the chain's conference in Bristol last weekend. Taking up the conference theme of sharing good practice, pharmacists also practised MURs on each other. Issues raised included the professional responsibility to continue a review even when a patient needs that they do not want a copy to be sent to their GP, or denying the pharmacist the opportunity to claim their fee

NORTHERN IRELAND

Extra funding for Northern Ireland

Up to £10,000 of funding is now available to Northern Ireland pharmacists providing public health services to the community.

Offered by the Building the Community Pharmacy Partnership (BCPP), the money enables pharmacists to address the health and social needs of their local community through projects such as sexual or mental health education.

The BCPP is encouraging anyone who may qualify for one of the categories to apply for one of the three levels of funding, which are:

- Up to £2,000 available for a maximum of nine months to help kick-start the project and identify local community issues that need to be focused on.
- Up to £10,000 for a maximum of two years is available for those with a clear vision of what they want to achieve.
- Up to £10,000 per year for three years for those who have already completed and evaluated a BCPP project and are now keen to sustain the work their project has already carried out.

The application deadline for levels two and three is November 16. Level one has no deadline. **AH**

For more information:

www.cdhn.org/bcpp or contact Sharon Bleakley on 028 3026 4606 or *sharonbleakley@cdhn.org*

POLICY

Contractors left out of oxygen patient survey

Contractors are not being asked to help PCTs meet new patient information handover deadlines ahead of the switch to the new Home Oxygen Therapy Service on February 1.

The Department of Health has set PCTs deadlines regarding the handover of oxygen cylinder patient information to the new service suppliers:

- By November 11, PCTs should have completed their data collection on current cylinder patients.
- By December 24, PCTs should have written to current oxygen patients to seek consent to transfer of data to new suppliers.
- By February 1, they should handover of all patient data to new suppliers.

According to PSNC, the DoH has intimated that the data collection will be based on existing information resources, for example community pharmacist claim forms or information gathered from GPs. It has also advised PCTs to write to patients who receive oxygen to ask for their consent for their details to be forwarded to the new suppliers.

The DoH did not believe that it was necessary to involve pharmacies in this process, PSNC explained.

As for compensation for the loss of the oxygen service from community pharmacy, PSNC says that it met with the DoH on October 10, and is committed to resolving the outstanding issues such as compensation for headsets and missing cylinders.

Community Pharmacy Wales is also negotiating for similar compensation. **AC**

Inbrief

Animal insulin

Animal insulin should remain available as some patients are better suited to such products, the DoH has said.

In a letter to the Insulin Dependent Diabetes Trust charity, health minister Jane Kennedy said the DoH was working towards ensuring a continued supply of animal insulin. Wockhardt, one of the two suppliers to the UK, has confirmed it will continue to produce animal insulin, she said, though she added that the second – Novo Nordisk – has said it will make a decision next year.

- A pharmacy diabetes network has been launched. Open to all pharmacists and pharmacy technicians, it aims to help develop their roles in diabetes care. Contact *pharmacydiabetesnetwork-subscribe@smartgroups.com* for details

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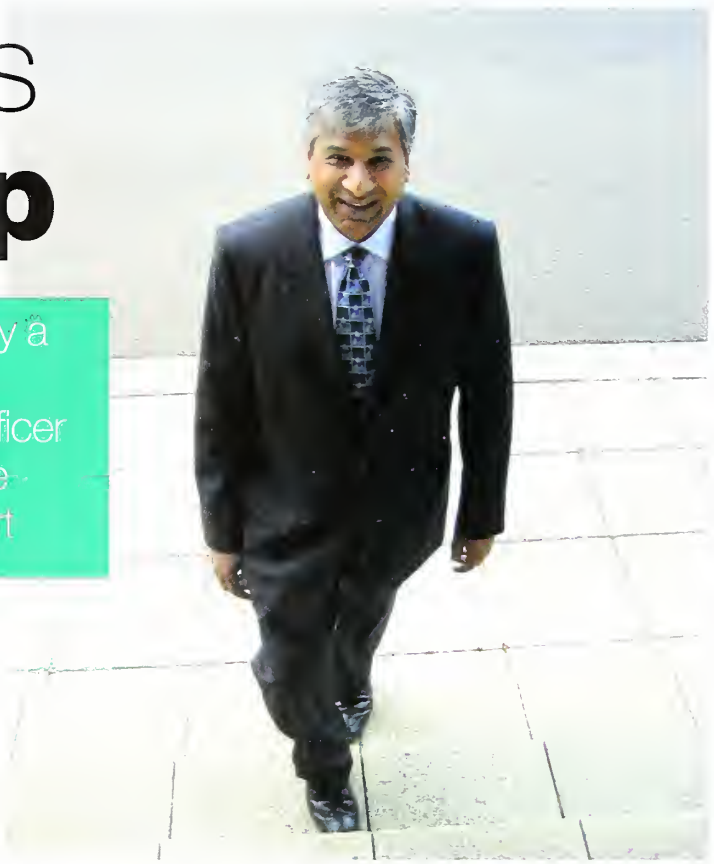
Nucare takes the next step



The new contract has delivered pharmacy a flurry of new opportunities according to symbol group Nucare. Chief executive officer Mahesh Shah tells **Max Gosney** how the company is helping independents convert

In the 1970s the Welsh were frontrunners in diverse areas reflects Mahesh Shah, chief executive officer at symbol group Nucare, and a former student at Cardiff University. He says: "Cardiff was a great place to live and to study pharmacy. It was such a progressive course with clinical and social studies and at the weekend we would watch the great rugby side of JPR Williams from our attic, which overlooked Cardiff Arms Park."

Welsh rugby has recently enjoyed a stunning return to its halcyon days and the new contract provides pharmacy with the chance to fulfil the advanced role envisaged by tutors in the land of the dragon over three decades ago. Mr Shah says: "As part of the course we would spend time working with doctors in surgeries and hospitals, which is the direction pharmacy needs to take. The Government's drive to move the provision of services from secondary to primary care and a shortage of GPs and nurses creates a golden opportunity for the pharmacy profession."

Pharmacists must be pragmatic in their response to a turbulent period for the profession advises Mr Shah, who runs a pharmacy in Luton and is a PEC and board member of his local PCT. "I am absolutely convinced that the combination of professional and business skills that pharmacists have can make a tangible difference in meeting the rising healthcare demands. We need to grasp the nettle and demonstrate our capabilities."

Nucare is modernising to help its pharmacy members keep pace with new contract changes explains Mr Shah. "We are involved in all aspects of supporting their business including development of service provision templates, collaboration with suppliers with interests in specific disease areas and negotiations with PCTs."

The organisation has championed the rights of independents since it was formed in 1993 to represent around 180 pharmacies in the London area. Mr Shah says: "Nucare is owned by 700 shareholders most of whom are independents. We aim to be the true voice of independent pharmacy."

The company appears to be hitting the right notes. In 2005, Nucare membership had increased to 1,050 with turnover hitting £55.2 million and operating profits rising 55 per cent to £2.3 million. The symbol group has also added an own brand medicines range, 100 own brand pharmacies and has made a recent relocation to a 74,000sq ft head office in Milton Keynes in a 12-year growth period. The new site provides the base for Nucare's wholesaling business and a professional foundation for the symbol group's future success says Mr Shah. "The Milton Keynes premises give us a great infrastructure to develop the business."

> "We need to grasp the nettle and demonstrate our capabilities"

Key growth areas include the development of a respected and recognisable brand explains Mr Shah. "As patients look to pharmacists for health services they will be influenced by a particular brand. It's similar to when people go shopping. They will associate a retailer with a particular value or quality."

Quality customer care will be the central appeal at Nucare pharmacies according to Mr Shah. "We want our pharmacies to offer consistent premium services from state of the art stores by staff who know the patient. Independents should not seek to compete with multiples and supermarkets on the basis of price. They should compete on the basis of service."

Nucare's success in galvanizing independent members should be aided by recent industry events, claims Mr Shah. He explains: "The proposed Boots-Alliance UniChem merger will make conditions tougher for the independent sector. I'm sure a number of pharmacies are worried about competition from such a large operator. I think the there is a need for a strong independent sector and Nucare has always worked in a spirit of collaboration under the principle of 'united we stand, divided we fall'."

Some views on where we are

UniChem chairman Mike Smith, reflects on the key themes to emerge at the wholesaler's recent convention

UniChem's 25th annual convention was held on the beautiful island of Bali this month. Much like the temperature over there, the debate about pharmacy was at times, scorching to say the least!

There can be no doubt that 2005 has been a turbulent year for pharmacy, with the new contract, category M, PPRS, collapse of the PI market, continuing uncertainty over control of entry regulations, manufacturers' shortages and some grave concerns over the issue of retained profit.

These all change the shape of the industry and the way in which pharmacists obtain income. As I and my colleagues at UniChem have been at pains to point out, now is the time for pharmacists to grow counter business and generate new income streams. There really is no alternative.

My colleagues, Mark Stephenson and Jeremy Main, painted their vision for the future of pharmacy and explained how to go about making this a reality by starting with a focus on the 'front of shop' – store presentation and layout, specialised categories and tailored local marketing.

'Differentiation' is the word that stuck in my mind; we really must differentiate our businesses from those of our competitors in order to survive in this new world.

We are now six months into the new contract and at this year's convention there was some debate about lack of funding and the question, 'have we got our sums right?'.

I was delighted to be able to give a profile to those pharmacists who are already providing additional services ranging from warfarin clinics to support for patients suffering from Parkinson's disease. We should feel very proud of these colleagues who are undoubtedly keeping our side of the bargain. They are actually delivering services now and are generating new income streams. I fear that those who do not engage in such activities now may miss the boat.

These people will only spring into action when they are commercially disadvantaged because the guy up the road is providing the service, and by then it may be too late.

A useful analogy to bear in mind came from UniChem's managing director David Coles. Referring to the curiously titled business manual *Who Stole My Cheese?* David likened pharmacists' profit to the lump of 'cheese' that mice are constantly going after: "the cheese has moved," he said.

Pointing out that those pharmacists who insist on taking the same route to find the cheese will only end up disappointed, those who find new routes will reap the rewards.

Embrace the change and seek out the new opportunities – this was the overriding message coming not only from UniChem, but from the progressive pharmacists who have done just that.

Clive Jackson, director of the National Prescribing Centre, said that this was the "golden age for pharmacy".

I believe that it really could be, but only for those of us who grasp the opportunity with both hands and an open mind.

E-mail your views to chemdrug @ cmpinformation.com

IPF is not just 'midsummer lunacy'

When I heard the news back in August that yet another pharmacy organisation was to be set-up I dismissed it as midsummer lunacy!

However, it appears the reports were serious – and now we hear that an Independent Pharmacy Federation has been formed in order to "represent the interests and financial needs of independent contractors"... you mean ... another organisation like the NPA?

What on earth is the matter with pharmacists – why can't they unite behind the organisations that they already have? If they're serious about lobbying for independents then the worst thing that they can possibly do is start yet another group: all they will be doing is diluting the current messages and fragmenting the profession.

And do they really believe that this organisation is going to make a difference? Do they think the public cares a damn and will start rushing into their independent pharmacies?

The only thing that will make a difference is when they give the public what they want, which is the pharmacist on the medicine counter talking to their patients/customers and giving them the personal service that the large multiples can't. Independent shops of any kind only survive by being able to provide a personal service. But if independent pharmacists are not prepared to do this then I fear that no amount of splinter pharmacy organisations will be able to keep them in business.

Veronica Wray
Communications consultant

Packaging safety issues need addressing

Your welcome report of the launch of Thea Swayne's "Information Design for Patient Safety" does not do justice to the importance of this publication and its potential influence upon issues surrounding the design of labels and packaging in our own pharmaceutical industry. (*C&D, October 15, p10*)

Sponsored by the National Patient Safety Agency and under the prestigious wing of the Helen Hamlyn Research Centre, this publication has emerged entirely outside pharmacy. Although it should be welcomed as an authoritative work on pharmaceutical packaging, few pharmacists were present at its launch.

We are in a 'double Catch 22' situation on this issue

In support of her appeal could Wendy Harris's NPSA organisation team up with the Royal Pharmaceutical Society and NPA to start the ball rolling on a reliable, national error-reporting and report-pooling system that is readily accessible and confidential? We are in a "double Catch 22" situation on this issue – already having a very weak voice against the industry's shortcomings, our reporting of errors has never been exactly popular as a means of promoting progress.

You have referred to my account of a patient known to me who suffered a return to fitting after having mistaken a well-known anti-inflammatory drug for his antiepileptic tablets. This was, in fact, an error on the patient's part but every pharmacist reading this account will know exactly which two drugs were involved, packed in identical company livery and sitting close together in the alphabet.

At that meeting I referred to my having encountered some horrendous mistakes during my 40 years in the industry. You fail to report that I did qualify that statement – by saying that I would score the abysmal quality of packaging and labelling at least [illegible] 50 per cent to blame for the triggering of those errors.

Let us hope that this [illegible] might be adopted as a [illegible] needed manual [illegible] the pharmaceutical [illegible]

R Idris Hughes MRPha
Trefriw, Snowdonia

Our question to pharmacists this week was:
Do you think homoeopathic treatments should be available on the NHS?

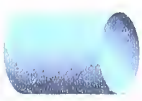
"They should be available only when conventional treatments have been tried and failed"

Paul Stevens, Exeter

"I don't agree, the NHS is getting too complicated already. Where do you draw the line?"

Sean Campbell, Leeds

Our online poll at *www.dotpharmacy.com* said...



31% Yes – as an alternative

45% Yes – where evidence supports its use

2% No – even where evidence exists

22% No – cannot be justified

Comment from the Editor

Still in the dark over ETP

Having been starved of information about the electronic transmission of prescription service (ETP) for so long, contractors will no doubt be reeling from the shock of two IT announcements within the past week.

The profession had hoped to find out when the service would be rolled out; what training pharmacists and their staff would get; what IT equipment they would need; and exactly how much money contractors would get and how to claim it? After all, with the end of 2007 the deadline for full ETP implementation, there is much pharmacists need to do and they want the relevant information as soon as possible.

But the 'high level' five-page electronic prescription service implementation strategy published by NHS Connecting for Health, and the details of the ETP allowances for contractors published by the Department of Health in the past week, fail to address many of these issues.

It is understandable that contractors will have concerns over whether they will receive all of the £58m promised for IT in the contract. PSNC has promised to take up any underspend with the DoH, but contractors know only too well the DoH's liking for clawing back any 'surplus'.

Connecting for Health's admission that the implementation of ETP presents an "enormous logistical challenge" may be an indication of why so little information is being given to contractors (apparently there are also rumblings among IT suppliers over the dearth of information). But if there are problems, community pharmacists have a right to know. CfH may be surprised by how a little engagement with 'real stakeholders' could win it some useful support.

"If there are problems, pharmacists have a right to know"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

UniChem values will be retained in merger

Following the views aired in 'Comment from the editor' (*C&D October 8, p16*) concerning the proposed merger of our parent company, Alliance UniChem, and Boots I would like to pick up on some of the points made and offer UniChem's perspective.

UniChem is the healthcare supplier of choice to more independent pharmacists in the UK than any other wholesaler. As the editor points out, independent pharmacists are with UniChem because of the unparalleled support that we offer our customers.

In his comment, the editor asserts that while "existing UniChem customers may be questioning their allegiances" since the announcement of the proposed merger, "if UniChem can demonstrate that it runs quite independently of the new Boots stores, along the lines that UniChem and Alliance Pharmacy do at present, the independents' fears will be unfounded."

"Under the proposals, our service and commitment to all parties will remain"

This is absolutely our philosophy.

Furthermore, it is important to consider the fact that UniChem currently distributes to Alliance Pharmacy and Boots stores alongside those of its independent customers.

Under the new proposals, our service and commitment to all parties would remain. As the editor rightly points out, UniChem's ethos has always been one of supporting independent pharmacy.

This has always been, and continues to be, encouraged and nurtured by our parent company, Alliance UniChem, who openly recognise that the future of our business is closely tied to the future of

Continued on page 19 ▶

community pharmacy.

I would like to remind you of the commitment given by Stefano Pessina, executive deputy chairman of Alliance UniChem, who is keen to emphasise the continued overall commitment to this sector under the proposed new structure. He says: "The recommended merger creates a platform to grow both our pharmacy and distribution businesses and enhance our offering to the independent pharmacist."

Contrary to some opinion that this merger could have a detrimental affect upon our service to independents, I would like to reaffirm that the proposed merger would in fact mean increased opportunities for UniChem to help and support independent pharmacy with a wider range of services and solutions.

These include: increased buying power for the benefit of customers, product development expertise and an improved retail offering for independent pharmacies. The new organisation would also be able to utilise its extensive knowledge on customer loyalty – developed through schemes such as loyalty cards – to help independents grow their business.

The merger would increase opportunities to help independent pharmacy

I am pleased to report that many of our independent customers are recognising the added benefits that this merger could bring to their business(es). It has been heartening to receive comments such as this, which came in to me this week from one of our independent customers: "When you look at the potential up-sides of a deal like this there are bound to be some real opportunities and added benefits that UniChem can pass on to independents and I am actually starting to get quite excited about it."

I am further encouraged, and can only echo, the editor's conclusion that: "A merged Alliance Boots may present just the opportunities this rapidly changing profession needs."

David Coles
Managing Director
UniChem

TOPICAL REFLECTIONS

MDS madness

I hate MDS. If there's one aspect of my job I dislike the most it is poking around in those little squares with a pair of tweezers trying to identify up to ten different types of tablets and capsules. This is closely followed by the painful liaison role between a confused patient, a concerned and clueless carer, an ill informed GP surgery and a pious hospital pharmacy department when a community patient is discharged from hospital.

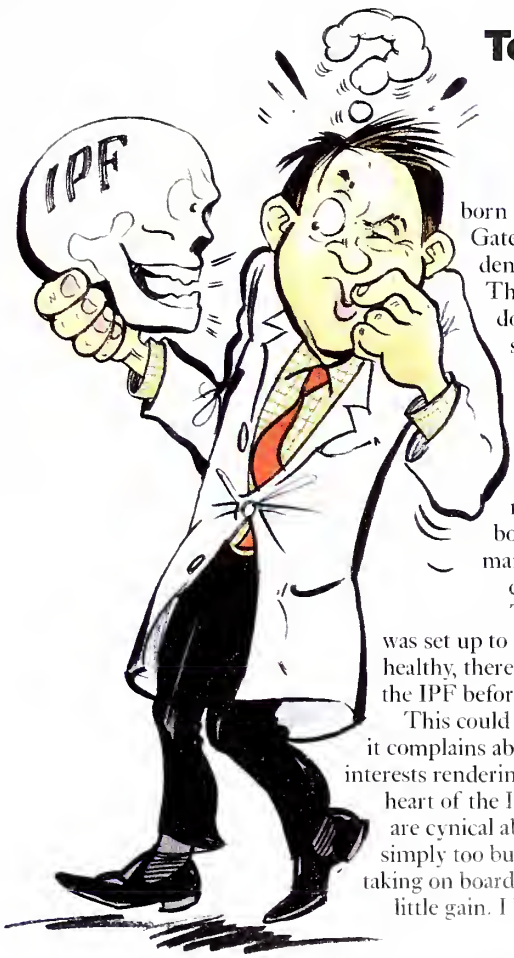
In fact, I can't think of one aspect of the whole performance that I really enjoy. The benefits are there of course – the associated prescription business and the remunerated services to homes – but if there is ever a time I feel like reaching for the diazepam it is when I have to check a month's worth of supplies to a large nursing home.

For people on regular repeat medication their compliance aid could be made up at the wholesaler and I would be happy to simply offer advice and professional services. It's the patients whose medication is forever changing who cause the real headaches. The unavoidable emergency supply of drugs on the authority of a receptionist or care home worker to a patient who is none the wiser makes me extremely uncomfortable.

The vast amounts of time my staff spend filling trays and sorting out problems takes them away from direct patient contact and seems such a waste of all their newly gained qualifications. And this is a situation that none of us signed up for. I recall the original reasons for the rush into MDS and it seemed to be a Hobson's choice of providing the service or losing the business to somebody who would. So all this extra work and stress has simply enabled me to hang on to business that I had anyway.

Others in the profession will claim that the additional services to homes are a direct result of our years of free MDS provision. But I believe that these have arisen from our proven ability to deliver other professional services rather than our skill at filling compliance aids. At least the new contract will reward me for patients classed as disabled, but I suspect that I have very few of these.

Meanwhile, I have eight small white tablets to identify 28 times....



Cartoon by Don Seed

To be or not to be, that is the IPF question

The most successful organisations have a clear sense of purpose and a strong identity that is born out of a powerful demand for their services. Bill Gates, for example, knew that there would be a huge demand for a universal computer operating system. The Independent Pharmacy Forum, in contrast, does not seem convinced of its own mandate, signalling an inauspicious beginning for this germ of a representative body (*see C&D Oct 15, p16*).

I think that if the IPF, whose founder members include representatives of the people it purports to represent, has to ask potential members whether they think it is necessary or not then they already know the answer. If this body ever came about it would be built around too many uncertainties and have only dubious credentials.

The IPF could serve to exacerbate the problems it was set up to solve. While debate within an organisation is healthy, there seem to be a lot of differences of opinion within the IPF before it is even launched.

This could become a microcosm of the pharmacy world that it complains about, with personality clashes and different interests rendering it ineffectual. There is a noble objective at the heart of the IPF, but I suspect that independent pharmacists are cynical about representative bodies in general and are simply too busy with pressing issues of the day to consider taking on board what could be seen as one more problem for little gain. I hope I am proved wrong.

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A Promise for Life

This article can help in the following CPD competencies:
G1c, G1h, G1l, C2a.
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Feline pharmacy

THE COLLEGE OF PHARMACY PRACTICE
This course (module 1353), in association with multiple choice questions being published in *C&D* November 5, provides one hour's continuing education

Objectives

- To be aware of the most common parasitic infections in cats
- To be able to advise on prophylaxis
- To know what remedies are toxic to cats
- To be aware of your legal position when selling animal medicines
- To be aware of legal changes happening next week

Michael Jepson **considers community pharmacists' important role in parasite control for cats and some imminent legal changes**

Community pharmacists should not underrate the range of their specialist knowledge of medicines and its application. In the high street, this expertise is extensively applied to human medication but there is a need to be pro-active when it comes to animal medication. This can be helped by reference to key sources such as the *Veterinary Pharmacy* textbook and *The Veterinary Formulary*.[1,2]

For example, most pharmacists would know that aspirin is toxic to cats but are probably less aware that cod liver oil can also be toxic. As cod liver oil is usually considered a dietary supplement, it is not referred to in the *British National Formulary*, the *Medicines, Ethics and Practice* guide, or even the comprehensive *Veterinary Formulary*.[3] This is just a reminder that all animal species have their own distinct metabolic systems, which will often differ markedly from those of humans.

The close association of companion animals with their owners makes hygiene and parasite control all the more important. Zoonotic diseases can be serious and risks must be minimised, as described in the first article in this series (*C&D, August 13, p17-19*).

Parasitic worms

Healthcare of cats has many similarities to that for dogs (*C&D, September 24, p23-28*). Internal parasitic worms are endemic in free-ranging animals and good animal husbandry means that regular worming programmes are followed. Cats, like dogs, are mainly infected by two types of worms: nematodes (roundworms) and cestodes (tapeworms).

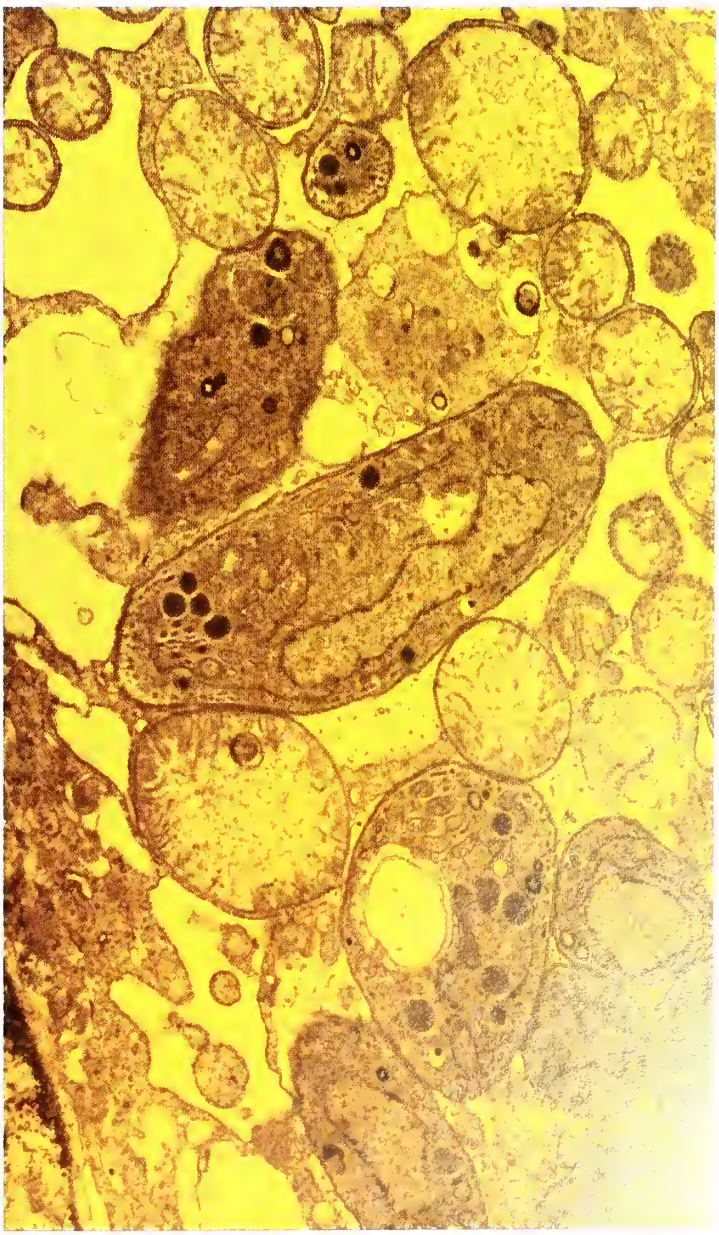
Roundworm

Toxocara cati has a similar life cycle to that of *T canis* in dogs, but there is no prenatal transplacental infection of the unborn. However, infection from the milk of lactating queens (female cat) does occur and is of correspondingly greater significance. Infection may also be acquired by ingesting eggs. After eggs have hatched to form larvae, they migrate through the liver and lungs before being coughed up and swallowed. They then develop into egg laying adults.

Consequently kittens need worming in a slightly different way from pups, and a pharmacist's understanding of such differences can reassure pet owners when explaining dosage regimens. Clinical effects are not evident unless there is a particularly heavy worm burden and, contrary to popular belief, a cat or a dog can have worms without showing symptoms. Worms are not normally visible in faeces as it is the egg stage of the parasite's life cycle that is passed. The exception is that segments of tapeworm may be visible without magnification.

Tapeworm

Dipylidium caninum is the most



Picture: Moredun Animal Health Ltd/Science Photo Library

Trophozoite, or proliferative form, of the sporozoan *Toxoplasma gon...* appear as the dark stained bodies enclosing numerous organelles

common tapeworm affecting both cats and dogs, and the life cycle includes the flea as intermediate host, so effective flea control is crucial.

The tapeworm life cycle involves gravid (pregnant segments) which are passed out of the anus and subsequently shed their eggs.

The flea becomes infected after ingesting the larvae. The adult flea nurturing the larvae is then eaten by a cat (or dog), which becomes infected by the worm. The flea life cycle is the time controlling factor, which means that re-infection can occur in as little as three weeks.

Treatment

The more effective products that are authorised (licensed) to treat roundworms and tapeworms are currently classified as PML (see below) and may be supplied to pet owners mainly from pharmacies and veterinary practices.

It is important to guide pet owners through the product information leaflet, especially regarding weight related dosage and frequency. Cats can be conveniently weighed by difference in a cat box on bathroom scales.

For kittens, routine worming should be carried out at four to six weeks of age, followed by regular doses every three weeks up to four months. Subsequent worming should be two to four times a year in accord with the product information.

Fleas

The life cycle and signs of infestation of fleas were detailed in the previous article on dogs. It has been estimated that nearly half the cat population in the UK contracts fleas each year. Furthermore, although there are distinct species of flea, neither cat nor dog fleas are particularly species specific. They are not averse to biting humans to feed on blood and leave irritating red papules at the site of the bite.

The less extensive problems associated with mites mentioned in the dogs article are also applicable to cats. Many ectoparasiticide products are also effective against mites, which is important as they have a zoonotic potential and can cause scabies in humans. The wide range of authorised veterinary medicinal products for dealing with fleas includes pour-on and spot-on preparations, sprays, tablets, powders, shampoos and flea collars. Some of the more effective spot-on products are currently classified POM, but this restriction may change.

Pour-on and spot-on preparations (GSL) containing permethrin must not be applied to cats, as the agent is extremely toxic for them. Product information must be carefully followed. Most flea collars are classed GSL and several contain the effective organophosphorus dimpylate (diazinon). Care must be taken to ensure that children do not play with the collars and that other animals are not able to chew the collars.

To summarise:

- The cat flea is the most common flea in the UK, affecting both cats and dogs.
- Fleas on pets have mostly bred in the pet's home.
- As fleas prefer warmth, they breed rapidly in the summer, but central heating ensures a year round problem.
- Fleas are the most common cause of skin disease in cats and dogs.
- Sensitisation to flea bites is an important cause of eczema.
- As fleas are tapeworm vectors, infection can result from swallowing a flea during grooming.
- Successful treatment requires the breaking of the flea life cycle and so it is not enough to kill only adult fleas on pets.

Toxoplasmosis

This an infection caused by the protozoa *Toxoplasma gondii*, which can affect all domestic animals, birds and humans. The cat is the definitive host where oocysts are produced.

It is rare for clinical signs to be seen in cats, but intermediate hosts can have severe clinical signs.

Humans and others are usually infected from cat faeces. While infection in humans is common, clinical signs may only develop in pregnancy, in children or in cases of immunodeficiency.

Cats respond to treatment with clindamycin for a minimum of two weeks, but this is an example of the prescribing cascade (see later under *Legal and ethical issues*) to use the drug of choice, as clindamycin is not authorised for this indication in the UK. Risk of toxoplasmosis infection from cats is aggravated by their habit of burying faeces in locations such as children's sand pits.

Hence good hygienic practice is important; pregnant women should wear gloves when handling cats and avoid contact with cat faeces.

The wide risk of infection to other species was highlighted in the *Veterinary Record* journal, in a report of two kangaroo fatalities in a UK zoo from toxoplasmosis that had apparently been transmitted by feral cats.

It was stated that the high susceptibility of marsupials to toxoplasmosis might be a consequence of their evolution in isolation from cats.[4] In contrast, although a marked proportion of the UK human population tests positive to toxoplasmosis (up to 40 per cent in some studies), there have been few cases where eyesight has been adversely affected.

Vaccines

Other possible areas for pharmacist awareness include vaccines, which unlike those for many prophylactic needs of livestock, are classified as POM for cats. However it is worth noting that immunological preparations are of increasing importance in improving the levels of health care in domesticated animals. Vaccines are available for feline leukaemia, feline panleucopenia, feline viral respiratory disease and for rabies. Further information is available in the texts listed at the end of this article.

Hygiene

Good health requires a preventative programme including suitable diet and exercise, worming, flea control, vaccination and preferably an annual veterinary check. Diet will influence dental hygiene, but daily brushing will prevent the accumulation of plaque and help maintain healthy gums and teeth. Specially formulated feline toothpaste may be used two or three times a week. Human toothpastes contain foaming ingredients and are not suitable for cats.

Hygiene generally deserves more attention, which should include:

- The thorough washing of hands after handling pets.
- The provision of pet feeding utensils that are washed and cleaned separately from those for human use.
- Providing pets with their own bedding; many pet owners fail to understand the significance of this.

Recent reports, such as the BBC *You and Yours* programme, have quoted how much money many pet owners spend on grooming and health insurance. This can be up to £1,700 a year, or £20,000 for the lifetime of a cocker spaniel! This should perhaps help to put the cost of regular prophylactic animal medicine into a more meaningful perspective.

Legal and ethical issues

Under the *Veterinary Surgeon's Act 1966* only veterinarians and the animal owner may diagnose and treat animal diseases. Considerable emphasis is placed on veterinarians taking responsibility for "animals under their care". There are certain exemptions, which include emergency first aid for saving life or relieving pain.

Currently pharmacists must not attempt to diagnose animal ill health or respond to symptoms, as is common practice for minor ailments in human patients. What pharmacists can do is to assist animal owners with preventive medicine. Advice on the use of medicines, their administration and the need to relate dosage to animal weight can be helpful reassurance for an apprehensive pet owner.

The Royal Pharmaceutical Society's Code of Ethics expects pharmacists to co-operate with members of other health professions for the benefit of the patient and public.

It is important to recognise that in some situations the best advice a pharmacist may give to a pet owner is to encourage them to make haste to their local veterinary surgeon.

This action can be facilitated considerably if the pharmacist already has a good rapport with the local veterinary practice. Maintaining regular contact with your local veterinarian makes good sense.

Some misunderstanding exists about the "prescribing cascade," which allows a veterinarian to prescribe legally a medicine authorised only for human use, if there is no authorised veterinary medicine for a particular indication requiring treatment.[3] At present, there are no circumstances when it is legal for a pharmacist to supply on his/her own authority a human medicine for animal use. A veterinarian could, if deemed appropriate, write a prescription for a human authorised medicine after having

While pharmacists must not diagnose animal ailments, they are ideally placed to provide advice on the use of medicines which will reasure pet owners

legitimately followed the "cascade".

These strict restrictions can put pharmacists into unsatisfactory positions especially when faced, for example on a Saturday afternoon, with an urgent request for a travel sickness preventative – rather unlikely for a cat, but maybe for a dog. No authorised non-POM product is apparently available. It is hoped that, in the foreseeable future, such difficulties may be clarified and resolved.

New classifications

The Pharmacy and Merchants List (PML) category will disappear from October 31, 2005, when the new EU veterinary regulations come into effect. Within the two major classification categories, POM and GSL there will be several sub-categories:

- POM-V (POM-veterinarian) – formerly POM (may include some former P vet medicines, of which there are only 12 at present)
- POM-VPS (POM-vet, pharmacist, suitably qualified person (SQP) – former PML products for food animals. May only be supplied by one of the listed responsible qualified persons
- NFA/VPS (non-food animal – VPS) – former PML and some P products for companion animals. May only be supplied by one of the listed responsible qualified persons
- AVM-GSL (authorised veterinary medicine–GSL) – former GSL vet medicines, supplied from any retailer as at present.

It is expected that some products will be re-categorised and, for example, certain POM flea products could become POM-VPS, available through pharmacies.

Reference sources

1. Kayne S B, Jepson M H (edit). Veterinary Pharmacy, 2004, London, Pharmaceutical Press.
2. Bishop Y (edit). The Veterinary Formulary, 6th ed. 2005, London, Pharmaceutical Press.
3. Medicines, Ethics & Practice, a guide for pharmacists, 29th ed. July 2005, London, Royal Pharmaceutical Society.
4. Veterinary Record, December 2002.

Further reading

- *Compendium of Data Sheets for Animal Medicines 2005, Enfield Middlesex, National Office of Animal Health.*
- *Cat and dog flea and worming leaflet (new free edition due in November), Veterinary Pharmacists Group, London, Royal Pharmaceutical Society.*
- *Evans J (edit). The Henston, Small Animal Veterinary Vade Mecum, 23rd ed. 2005, Peterborough, Henston Veterinary Publications.*

Dr Michael Jepson is a visiting fellow at Aston University and a former head of pharmacy practice in the School of Pharmacy. He has been course director of the RPSGB veterinary pharmacy postgraduate programme since 1981, a member of the Advisory Committee of the Veterinary Formulary (current 6th edition) and a member of the Veterinary Products Committee 1994–2001.

Suspected adverse drug reactions

An important contribution to the ongoing quality, safety and efficacy of animal medicines is the Veterinary Medicines Directorate (VMD) Suspected Adverse Reaction Surveillance Scheme (SARSS). The scheme is similar to that monitoring human medicine suspected adverse drug reactions and is accessible to pharmacists.

In addition it is important to report suspected adverse reactions associated with off-licence use of an authorised product or of an unauthorised product, and all suspected adverse reactions in humans that may be associated with the use of a veterinary medicine in an animal.

Reports are copied to the licence holder to enable investigation of the alleged problem. It may be important for a pharmacist to advise the animal owner's veterinarian and/or doctor.

If pharmacists suspect an adverse drug reaction in either an animal or human, they should consider completing a Yellow Report form MLA 252A from the Veterinary Formulary or the Veterinary Products Data Sheet Compendium.

For further information contact VMD
Tel: 01932.336618.
Fax: 01932 336618.
Veterinary Medicines Directorate, Freepost 4503, Woodham Lane, New Haw, Addlestone, Surrey KT15 3BR

Actionplan

1. Refer to the tables in the previous article in this series (*C&D, September 24, p23–28*) to see which preparations are suitable for both cats and dogs. Check which products you stock for cats. Is there a need for you to rationalise or even expand your range?
2. When the new categories of veterinary medicines come into effect, keep a look out in the pharmacy press and on veterinary medicine websites for changes that might affect the products you sell. Do these changes offer more opportunities than before?
3. If you do not already sell pet medicines, will it now be worth your while stocking a range of preventive products for fleas and worms? Think how you might develop a pet medicines section.
4. Revise the differences between de-worming puppies and kittens.
5. Find out the best ways to control animal fleas in the house.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 5 issue, which will cover this week's CPP-accredited module, together with those in the October 1 and 8 issues. These will cover:

- **Acne (1351)**
- **Antiseptics (1352)**
- **Vet series part 3: cats (1353).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

Skills for the Future

The complete **Skills for the Future** programme is now available in a single pack, containing 20 learning modules plus the assessment CD-Rom.

Order now using the form below to get yourself on track to carry out Medicines Use Reviews.

Skills for the Future – Order Form

Course materials for the 'Skills for the Future' programme can be ordered from *Chemist & Druggist*.

Send your order to:
Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Payment may be made by:
A. Cheque (payable to CMP Information Ltd) or
B. Credit/debit card (Call 01732 377269 if you wish to order and pay by credit or debit card over the phone).

I wish to order:	**Number of packs/CD-Roms**
Module pack (20modules + assessment CD-Rom) at £41.13 inc VAT each	_____
Assessment CD-roms at £11.75 (inc VAT) each	_____

A. I enclose a cheque for £_____ made payable to CMP Information

B. Please charge my credit/debit card for £_____
Card type _____
Number _____
Expiry date _____ **Issue no** (debit cards) _____

(Credit/debit card payment will only be accepted if full address plus postcode and phone number are supplied)

Please send my course materials to:
Name _____
Address _____
_____
_____
Postcode _____
Daytime phone number _____
Signature _____
Date _____

Beta-blockers should not be first line for BP

Beta-blockers should not be first choice drugs for the treatment of primary hypertension, according to researchers in Sweden.

Furthermore, the poor efficacy of the drug class means that beta-blockers should not be used as a reference standard in future trials, claims the paper published online by *The Lancet*. The researchers conducted meta-analyses of 13 studies pitting any beta-blocker against other antihypertensives and seven trials comparing beta-blockers to placebo or no treatment, involving 105,951 and 27,433 patients respectively.

Beta-blocker treatment was associated with a 16 per cent higher stroke risk than other drugs that lower blood pressure, though the risk was 19 per cent lower than administering placebo or no treatment at all. No difference in myocardial infarction or mortality rates was apparent.

Far too many people are still treated with beta-blockers, despite the availability of better and affordable medicines, say the authors, claiming: "Switching hypertension treatment from beta-blockers to other low-cost antihypertensive drugs in patients without heart disease should have a major health effect without increasing the cost. Such a change, however, should be carried out slowly and under a doctor's supervision."

"The current endorsement of beta-blockers must surely be changed," says Professor Beevers, a hypertension expert from Birmingham City Hospital, in an accompanying editorial. But he warns against radical action, saying that some patients have a genuine need for beta-blockers as first line therapy, particularly those with coronary heart disease. In addition, he cautions against sudden discontinuation, as this may lead to rebound angina and precipitate a heart attack, or rebound hypertension.

For more information:

www.thelancet.com

Warfarin self-management proved safe and reliable

Patients can be trained to safely and reliably self-manage their oral anticoagulation regimen.

Over 600 warfarin patients were randomised to receive routine care or training and home diagnostic equipment. From international normalised ratio (INR) data submitted by trial participants for 12 months, the researchers found no significant difference in the number of patients within their individual therapeutic ranges.

Self-management is a suitable option for "an appreciable number of motivated patients", and is "a safe and realisable alternative to existing models", say the authors. However, they say that fewer patients than anticipated wanted to self-manage their warfarin, and ask whether reassuring patients and health professionals would increase uptake.

For more information:

www.bmj.com

No new NSAIDs concerns, says EMEA

There are no new safety concerns with non-selective non-steroidal anti-inflammatory drugs, the European Medicines Evaluation Agency has said.

Following the completion of a review into the cardiovascular and gastrointestinal safety and risk of serious skin reactions with non-selective NSAIDs, EMEA concluded that the drugs remain important treatments for arthritis and other inflammatory ailments. As is the case for all medicinal products marketed in the European Union, NSAIDs will continue to be monitored and action taken if the benefit-risk ratio changes, said EMEA.

However, the agency has called for consistency in the product information for different NSAIDs available in different EU states. A list of key elements relating to contraindications, warnings and precautions for use, interactions and adverse effects is available at *www.emea.eu.int/pdfs/human/press/pr/34345605en.pdf*.

Atypical antipsychotics linked to death risk

Atypical antipsychotics may be associated with a small increased risk of death compared with placebo, say US researchers.

Published in this week's *JAMA*, the paper analyses 15 trials of less than three months' duration involving over 5,000 patients on atypical antipsychotic drugs (aripiprazole, olanzapine, quetiapine or risperidone) or placebo. The death rate among those in the active group was 3.5 per cent, compared to 2.3 per cent among patients taking placebo.

The study authors say their work illustrates an increased risk of death from any atypical antipsychotic agents that was not apparent when any one trial underwent analysis.

Pointing out that these drugs are used "fairly frequently" in patients with dementia, they conclude that changes to clinical practice should be considered.

For more information:

JAMA 2005; 294: 1934-1943

Inhaled insulin gets EU go ahead

The inhaled rapid acting insulin product Exubera has been given a positive opinion by the European drug regulator.

The Committee for Medicinal Products for Human Use (CHMP) has recommended the approval of Exubera for the treatment of adult patients with type 2 diabetes who are not adequately controlled with oral antidiabetic agents, and for type 1 diabetes in addition to long or intermediate acting injected insulin. The product has been jointly developed by Pfizer and sanofi-aventis, and is intended to be inhaled prior to each meal to reduce food-related glucose spikes in patients with diabetes.

Other positive opinions adopted by CHMP include:

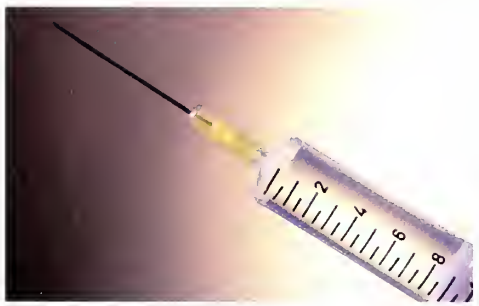
- Ionsys (fentanyl hydrochloride iontophoretic transdermal patch) - a new product for the management of post-operative pain, in hospital settings only.
- Avandamet (rosiglitazone plus metformin) – licence extension to include use as part of triple oral combination treatment with a sulphonylurea.
- Axura and Ebixa (memantine) – to extend the current indication to include patients with moderate to severe Alzheimer's disease.

The Committee did not recommend extending the indication of rivastigmine products (Exelon and Prometax) to include dementia associated with Parkinson's disease.

For more information:

www.emea.eu.int

Stop booster hepatitis B jabs



Booster doses of hepatitis B vaccine appear unnecessary for long term protection, says a paper in this week's *Lancet*.

Baseline blood samples were obtained from 1,212 children and 446 young adults who had received three hep B injections when aged below one year. Those with antibodies to hep B surface antigens (anti-HBs) concentrations of 10iu/L or more were regarded as immune, and the rest were given a booster dose and a blood sample taken two weeks later.

Sixty four per cent of children and 89 per cent of young adults were considered immune at initial assessment, despite having undertaken the initial vaccination schedule more than 10 years previously. All but six participants who received a booster dose showed a marked increase in anti-HBs response.

The authors say their research proves that a primary course of hep B vaccination is effective for many years. Highlighting Italy's programme of immunisation against the disease, they argue that the protective effect against infection could be due to the vaccine instead of other "natural boosters" that may be prevalent in more endemic countries.

An accompanying editorial by experts from Taiwan calls for the continued surveillance of hep B vaccination efficacy in different countries. They say that unless the study's findings are proved incorrect: "A policy of booster vaccination in a population should not be recommended ... This applies to both hyperendemic and lowly endemic areas of the world."

For more information:

Lancet 2005; 366: 1379-84

Scriptlines

Levonelle-1500

The replacement of Levonelle-2 with Levonelle-1500 (*C&D, October 1, p24*) has been accelerated.

The original switch date of November 1 has been brought forward due to quicker depletion of Levonelle-2 stocks than anticipated, says manufacturer Schering. The company says it expects the new emergency hormonal contraception product to fulfil orders from October 24.

For more information:

Schering Health Care Ltd
Tel: 01444 232323

Remicade

Remicade (infliximab) injection is now licensed for the treatment of moderate to severe plaque psoriasis.

The licence extension covers adults who are unresponsive to, or intolerant of, other systemic treatments, including ciclosporin, methotrexate or PUVA therapy. The new indication follows two recent studies, which showed the majority of psoriasis patients given infliximab experienced significant improvement in their condition.

For more information:

Schering-Plough Ltd
Tel: 01707 363636

Lescol XL

Lescol XL 80mg tablets (fluvastatin) may be administered as a single dose at any time of the day without food, says Novartis Pharmaceuticals. The SPC has been updated to reflect the change, adds the company.

For more information:

Novartis Medical Information
Tel: 01276 698370

ZD lists

PSNC has announced that Anectine injection 100mg/2ml ampoules, neostigmine tablets (Cambridge Laboratories), Replagal injection 3.5mg/3.5ml vial, Spectraban Ultra lotion SPF 28 and tacrolimus ointment 0.1% and 0.03% will be added to the Zero Discount List A in November's *Drug Tariff*.

In addition, beclometasone breath-actuated inhaler 50mcg, 100mcg and 250mcg strengths, Spectraban 25 lotion SPF 25 and Steripaste bandage 15 percent will be added to next month's Zero Discount List B. Although prescriptions for these items will need a 'ZD' endorsement if no discount has been received, no endorsement is necessary for ZD List A products.

For more information:

www.psnc.org.uk

Palladone

The appearance of Palladone 2.6mg capsules (hydromorphone hydrochloride) has changed from red with a clear cap to clear with a red cap, Napp Pharmaceuticals has announced.

For more information:

Napp Pharmaceuticals Ltd
Tel: 01223 424444

Coro-Nitro

Ayrton Saunders has taken over responsibility for Coro-Nitro pump spray (glyceryl trinitrate) from Roche Products.

Orders should be placed with Mawdsleys.

For more information

Mawdsley's distribution team
Tel: 0114 254 3585.

Sandimmun

Novartis Pharmaceuticals has clarified that Sandimmun concentrate for infusion (ciclosporin) is available in 50mg per 1ml and 250mg per 5ml strengths and not as stated in this month's *Price List*. All other *Price List* details are correct.

For more information:

Novartis Pharmaceuticals UK Ltd
Tel: 01276 692255

Amielle Comfort

Owen Mumford says Amielle Comfort is the first set of vaginal dilators available for the treatment of vaginismus and dyspareunia to attain *Drug Tariff* listing.

The set includes four dilators in graduated sizes, a twist and lock handle for insertion and removal, a water-based lubricant, a cleaning brush and a demonstration DVD. The manufacturer says Amielle Comfort has been designed in conjunction with psychosexual therapists and allows patients to take control of their treatment at their own pace.

Price: £34.00

Pip code: 270-6174
Owen Mumford Ltd
Tel: 01993 812021

New cool mint range from Sulá

Two new flavours of Sulá's sugar-free sweets are now available.

Lemon Mint Pastilles with vitamin C and Menthol Mint pastilles come in 50g flip-top packs and are priced at 75p.

They contain the natural sweetener Isomalt derived from natural sugar beet, which the manufacturer says reduces the formation of plague and tooth decay. It also claims they are suitable for diabetics.

Sulá is embarking on a large promotional campaign this year, with a consumer sampling roadshow in over 80 venues and advertising in magazines and regional press.

The new minty products will sell alongside the existing fruity and indulgent ranges.

Price: 75p

Petty, Wood and Co
Tel: 01264 345500
www.pettywood.co.uk
Pip code: Lemon Mint: 315-3244
Menthol Mint: 315-3236

Blow away any doubt of drink driving in two minutes

AlcoLimit, a disposable breathalyser for people wanting to check if they are fit to drive after drinking, is being intorduced into retail outlets.

The match-sized tester detects blood alcohol levels within two minutes to identify whether the tester is over the limit, its manufacturer says. The company is in talks with pharmacy chains and retailers about stocking AlcoLimit, and hopes to extend this to pubs and clubs .

AlcoLimit is CE approved and can currently be bought over the phone or online at *www.alcolimit.co.uk*.

Price: £3.99

For more information:
Purple Mauve
Tel: 08707 202021

Bite-away those insect blues

A new way of treating insect bites and stings with heat is being introduced by Innoessentials UK.

Bite-Away, a local thermal treatment, is being launched into the UK this autumn with a view to being stocked in-store for next spring.

The manufacturer claims Bite-Away, which is smaller than a mobile phone, works at a precise temperature that inactivates the insect's poison.

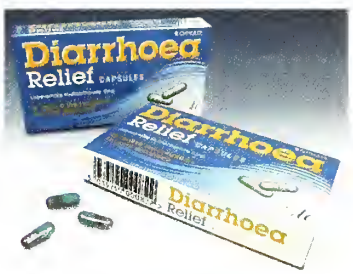
Its gold-plated metal surface is placed on the affected area for 3-6 seconds, following which the discomfort will be reduced or erased, it adds.

The product is currenily being sent out to promote it to wholesalers and retailers.

Price: £39.99.

For more information:
Carswell Gould Associates
02380 238001

Diarrhoea relief capsules join OTC range



Herbal Concepts has expanded its OTC range with the introduction of diarrhoea relief capsules.

The tablets contain Loperamide Hydrochloride 2mg and will relieve symptoms of acute diarrhoea, the manufacturers say.

Suitable for adults and children over 12, the capsules are classified as GSL. They are available to independent pharmacists via local and major wholesalers.

Price: £2.49

Herbal Concepts
01525 292345

Inbrief

L'Oreal's longest-ever lasting foundation

Infallible Make-Up is a new foundation from L'Oreal that promises to last for 16 hours without signs of fading. The formulation contains ultra-resistant pigments encased in a flouride base which form a barrier against perspiration and sebum to prevent shine and keep foundation looking fresh all day. It has an SPF15 and won't transfer onto clothes. It is available in a choice of six shades.

Price: £10

L'Oreal
Tel: 0161-655 1400

Adidas additions

The Adidas Active Skincare for Men range has been repackaged and new body sprays introduced to their women's range. The new packs are contemporary and easy to spot on shelf. The new range of body sprays includes Floral Dream, a rich romantic floral; Sensual Instinct, an oriental; Fresh Vibes, a cool fragrance; Fruity Rhythm, a fun fruity scent.

Price £2.29

Coty
Tel: 020-8971 1300

Enliven your Christmas with fruity gift packs

Two new seasonal gift packs are now available from Enliven following the re-launch of its personal care range.

One of the packs is a combination of shower gel and 2-in-1 shampoo from the Active Care for Men range. The other pack contains raspberry and red apple shampoo and shower gel from the Natural Fruit Extracts range.

Enliven sees the Christmas packs as a natural extension to the range. The seasonal packs will be launched on November 1 and priced at £1.99; the manufacturer says this allows retailers to achieve trade margins of up to 32 per cent.

"The gift packs reflect the progressiove nature of the brand with clean, modern and eye-catching packaging," says the company

For more information:
DCS Europe
Tel: 01789 208040

New campaign tells mums: 'Bazuka ... that wart'

Bazuka is highlighting its role as a treatment for warts in a campaign aimed at its biggest market - mothers with young children.

The advertisments, which are appearing in women's consumer magazines until the end of November, show children playing with both their mum and friends.

They highlight how easily warts spread and passed on from one child to another, and include the advice: Bazuka offers a simple, painless way to eliminate warts" and concludes: "Ask your pharmacist for Bazuka Gel and Bazuka that wart!"

Price: Bazuka Gel £4.95
Pip code: 215-1587
Bazuka Extra Strength Gel £5.75
Pip code: 249-8756
For more information:
Dendron
Tel: 01923 229251

Best value baby buys, from the real experts

Calpol has been voted the best baby medicine in the Prima Baby annual awards.

The analgesic syrup swept the board for both the best buy and best value in the magazine's reader survey.

Other winning products were:
BABY WIPES:
- Best Value - Johnson's Baby Skincare Wipes
- Best Buy - Pampers Baby Wipes

BATH PRODUCT:
- Johnson's Baby Bath (both categories)

NAPPY CREAM:
- Sudocrem (both categories)

NAPPIES:
- Newborn: Pampers New Baby with Totalcare
- Older baby: Huggies Super-Flex
- Pant-style: Pampers Easy Up Pants

STERILISER:
- Best Value: Avent Microwave Steam Steriliser
- Best Buy: Avent Express IQ electronic steam steriliser.

TV next week

Abbott Diabetes Care: GMTV, Sat

Aquafresh: All areas except U, CTV, C4, GMTV

Cura-Heat Back Pain: All areas except LWT, GMTV, Sat

Cura-Heat Arthritis Pain, Knee & Wrist: All areas except LWT, GMTV, Sat

Cymalon: GMTV

Haliborange: All areas

Lloydspharmacy raising awareness of its free repeat prescription collection service: All areas except LWT, GMTV

Nicorette: All areas except U, GMTV

Paramol Soluble: All areas

Poligrip: All areas except U, CTV, C4, GMTV

Sensodyne toothpaste: All areas except U, CTV, CAR, GMTV

Setlers: five, GMTV

Seven Seas Cod Liver Oil: C4, five, Sat

Solpadeine: All areas except U, CTV, C4, GMTV

TENA Lady: All areas except U, CTV, LWT, GMTV

TENA Pants Discreet: All areas except U, CTV, LWT, GMTV

Ymea: G, C, HTV, M, GMTV

WindSetlers: five, GMTV

PharmaSite for next week: **Freederm** – Window, **Fluconazole** – In-store, **Metanium** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

SMILES BETTER

in less than a week

As well as recommending flossing and a modified brushing technique for bleeding gums, you can now give your customers' recovery a kick start. By offering a 5-7 day course of Corsodyl 10ml b.d., you'll not only be tackling the early signs of gingivitis, you'll be helping put the smiles back on their faces.

Chlorhexidine digluconate

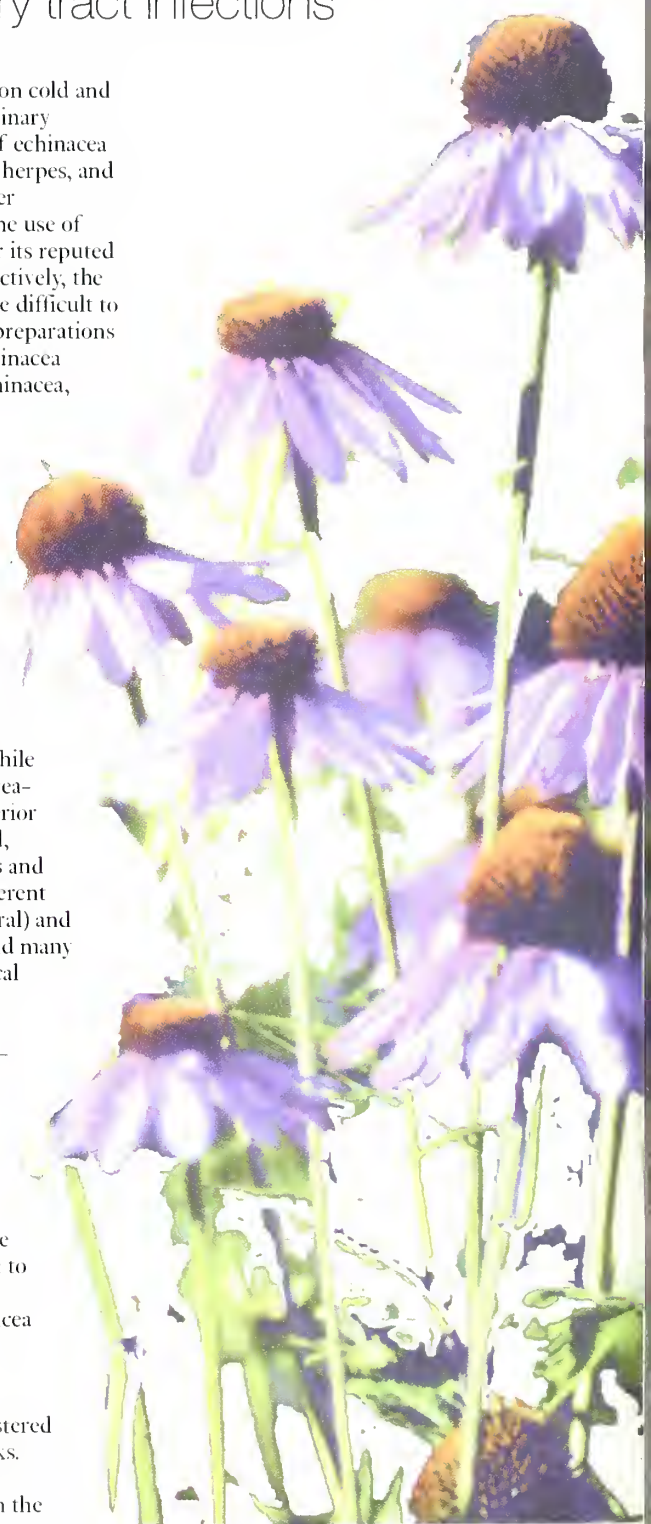
Short, sharp regimen for early gingivitis

Corsodyl Mint Mouthwash Product Information. Presentation: A colourless solution containing 0.2% w/v chlorhexidine digluconate. **Indications:** Plaque inhibition; gingivitis, maintenance of oral hygiene; post periodontal surgery or treatment, aphthous ulceration; oral candida **Dosage & Administration:** Rinse 10ml for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. **Contraindications.** Chlorhexidine hypersensitivity **Precautions:** Keep out of eyes, separate use fr[om] rinse mouth and toothbrush between applications) **Pregnancy & Lactat[ion]** precautions. **Side effects:** Superficial discolouration of tongue [and] restorations, usually reversible, transient taste disturbances and [oral] initial use; oral desquamation, parotid swelling, irritative skin [reaction] generalised allergic reactions **Legal category:** GSL **Product Licence N[o.]** **NHS Cost.** PL 00079/0312 300ml £1.81 600ml £3.62 **Licence Holder** Consumer Healthcare, Brentford, TW8 9GS, U.K. CORSODYL and [GSK] STANDARD are trademarks. **Date of preparation:** December 2004

GlaxoSmithKline
Consumer Healthcare

Call of **nature**

Joanne Barnes reviews the evidence on the use of echinacea in the prevention and treatment of respiratory tract infections



Echinacea, black sampson and coneflower are common names for several echinacea species used for their medicinal properties. Echinacea has a long history of medicinal use as an 'anti-infective' agent, used in bacterial and viral infections, including as a supportive treatment in influenza-like infections and recurrent infections of the respiratory tract and lower urinary tract. It is also used in mild septicaemia, furunculosis (persistent recurring episodes of painful nodules in the skin) and other skin conditions, including boils, carbuncles and abscesses.[1] Today, echinacea is used for its reputed immunomodulatory effects, particularly in the treatment and prevention of the common cold, influenza and other upper respiratory tract infections (URTIs).

Pharmaceutical quality

The echinacea species used medicinally are *Echinacea angustifolia* (DC.) Hell., *E pallida* (Nutt.) Nutt., and *E purpurea* (L.) Moench. The part of the plant used in herbal medicinal products is the rhizome or root, although for *E purpurea* the herb (aerial/above ground parts) is also used. There are some differences in the constituents found in the different species: for example, *E angustifolia* (but not *E purpurea* and *E pallida*) contains cynarin, and alkamides are found in *E purpurea* and *E angustifolia*, but are largely absent from *E pallida*.[2]

As with other herbal medicines, the chemical profile of crude echinacea plant material differs qualitatively (ie there are differences in the profile of constituents) and quantitatively (ie there are differences in the concentrations of constituents) depending on various factors, such as geographical source of plant material, climate, time of harvest, drying and storage conditions etc. Thus, different manufacturers' products containing echinacea species also vary in their profile of constituents.

Furthermore, several marketed products stated to contain echinacea have performed poorly in examinations of their quality because, for example, the actual species present was different to that stated on the label, or the quantity present was inconsistent with that stated on the label.[3]

Clinical trials

Clinical trials of preparations containing echinacea have focused on testing effects in preventing and treating the common cold and other URTIs, though some preliminary studies have explored the effects of echinacea in other infections, such as genital herpes, and as an adjunctive treatment in cancer chemotherapy. The rationale for the use of echinacea in these conditions is for its reputed immunomodulatory activity. Collectively, the findings of studies of echinacea are difficult to interpret as studies have assessed preparations containing different species of echinacea and/or different plant parts of echinacea, administered as monopreparations or in combination with other herbal ingredients, and products manufactured by different processes and with different dosage forms.[4]

A systematic review of 26 controlled clinical trials of echinacea-containing preparations which assessed immunomodulatory effects provided only tentative evidence of immunomodulatory activity. While most studies reported that echinacea-containing preparations were superior to placebo in the indications tested, trials tested different species, parts and preparations administered via different routes (including oral and parenteral) and with different dosage regimens, and many studies were of poor methodological quality.[5]

A Cochrane systematic review included 16 randomised and quasi-randomised controlled trials – involving almost 3,400 participants – of echinacea preparations for preventing (n = 8 trials) or treating (n = 8) URTIs. Of the eight 'prevention' trials, five (which were placebo-controlled and considered to be of adequate methodological quality) tested combination echinacea preparations (n = 2) or monopreparations of *E purpurea* herb or root, or *E angustifolia* root (n = 3), administered orally typically for eight to 12 weeks. Two of these studies reported a statistically significant reduction in the

incidence of URTIs in echinacea recipients, compared with placebo recipients.[6]

The eight 'treatment' trials tested three different combinations of echinacea extracts and two monopreparations, taken orally typically for six to 10 days. Six studies reported statistically significant beneficial effects for echinacea recipients, compared with placebo recipients, on outcome measures such as duration of illness or symptoms (eg 'running nose').

However, methodological limitations of, and differences between, the studies precluded any further summary of the results. For these reasons, although the majority of the studies described reported positive results for echinacea preparations, it was not possible to recommend any specific product for the treatment of the common cold and further research was considered necessary.[6]

Several new clinical trials of echinacea preparations in the prevention and treatment of URTIs have been completed since the Cochrane review. Overall, the recent prevention trials have not shown beneficial effects for echinacea preparations, compared with placebo, on main outcome measures, whereas recent treatment trials have reported conflicting results.[1]

In the most recently published study, the effects of three different extracts of *E angustifolia* root on the prevention and treatment of experimental rhinovirus infections were assessed in a randomised, double-blind, placebo-controlled trial involving 437 young healthy volunteers.[7] In the 'prevention' phase of the study, volunteers received one of the three echinacea extracts 1.5ml three times daily, or placebo, for seven days before challenge with 100 50 per cent tissue culture infectious doses of rhinovirus type 39 (asymptomatic participants only). At the end of the seven-day period, there were no statistically significant differences between the echinacea and placebo groups with respect to the proportion of participants in each group who developed an infection following rhinovirus challenge ($p > 0.05$ for all comparisons).

The main safety issues are the possibility of allergic reactions

Participants who were challenged with rhinovirus remained in the study for a 'treatment' phase during which they continued with their initial treatment allocation (ie one of the three echinacea extracts or placebo) or, having received placebo during the 'prevention' phase, received one of the three echinacea extracts during the treatment phase. Treatment was given according to the same dosage regimen for five days after virus challenge. At the end of the study, there were no statistically significant differences between the echinacea and placebo groups with respect to total symptom scores and proportions of participants who developed clinical colds.

Safety

On the basis of the available (limited) safety data, which come mostly from short-term clinical trials of echinacea preparations for the prevention and treatment of URTIs in otherwise generally healthy individuals, the tested echinacea preparations appear to be well-tolerated. However, firm conclusions cannot be drawn from these limited data, and further investigation is required to establish the safety profile of different echinacea preparations.

At present, the main safety issues are the possibility of allergic reactions (as with other plants from the *Asteraceae/Compositae* family), and concern about the use of echinacea by patients with progressive systemic diseases, such as tuberculosis, leukaemia, collagen disorders, multiple sclerosis and other autoimmune diseases.[4] In view of the lack of toxicity data, excessive use of echinacea should be avoided; in placebo-controlled trials of echinacea preparations for the prophylaxis of URTIs, treatment was taken typically for eight to 12 weeks.

As with other herbal medicines, the potential for echinacea preparations to interact with conventional medicines should be considered. There are no reported drug interactions for echinacea, although on the basis of its documented immunomodulatory activity, as a general precaution, echinacea should only be used with caution in patients taking immunosuppressant drugs.[4]

As *E purpurea* root can inhibit CYP1A2 and selectively modulate CYP3A, echinacea should be used with caution in patients receiving therapeutic agents with a narrow therapeutic range and which are substrates for these CYP enzymes.[8] There is a lack of data on the safety of echinacea preparations taken during pregnancy and breast-feeding and, given that the benefits of specific echinacea preparations have not been established definitively, use during these periods should be avoided as a general precaution.

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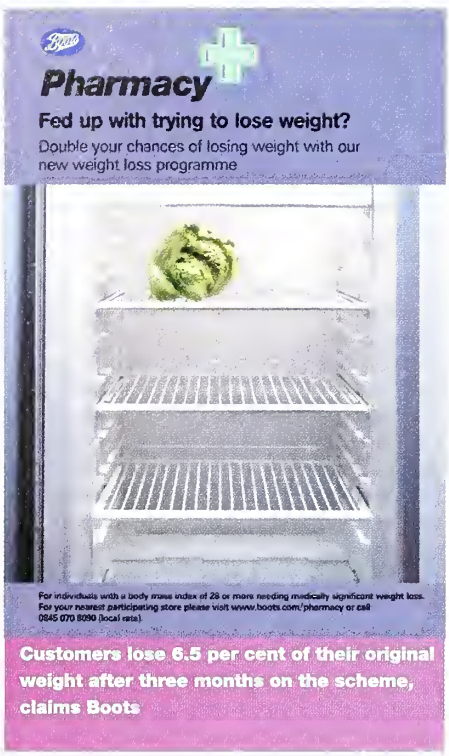
References available on the C&D website: www.dotpharmacy.com/references.html

The **fat-burning** issue

Nearly 100 Boots pharmacies have started supplying orlistat to obese patients via a 'private PGD'. Asha Fowells and Max Gosney find out more



Customers lose 6.5 per cent of their original weight after three months on the scheme, claims Boots

Obesity is one of the hot topics in healthcare at the moment. And rightly so, as a Health Select Committee report published last year revealed a 400 per cent rise in the proportion of the population that is obese since 1980. In fact, a 2003 Department of Health survey revealed that 65 per cent of men and 55 per cent of women in the UK are overweight or obese.

Pharmacists have certainly played their part in raising awareness of the issue, mainly through patient education on diet and exercise. However, Boots has decided to take things a step further and last month announced that nearly 100 of its pharmacies would be offering a weight loss programme, which enabled patients to obtain the anti-obesity drug orlistat.

Patients can self-refer to the scheme by completing a simple questionnaire that helps them decide whether they are suitable candidates. Pharmacists then interview prospective patients to confirm eligibility - the scheme is only open to adults with a body mass index greater than 30, or greater than 28 if there are existing co-morbidities - and take blood pressure and glucose readings.

If accepted, the patient is provided with exercise and dietary advice, and given a supply of orlistat under a private patient group direction (see below). The pharmacist then informs the GP of their patient's involvement in the scheme. The cost of the service is £62.50 for four weeks, or £125 for twelve weeks, which includes the medication and three monthly checks (by appointment) with the pharmacist.

According to Boots professional governance head Steve Eastham, 400 patients had enrolled in the service as offered by the three pilot pharmacies during the project's first year. On top of this, another 3 per cent of patients were deemed unsuitable for the scheme, and were given advice and referred to their GP.

The results have been impressive: the average weight loss has been over 6 per cent at three months, over 10 per cent at six months and over 13 per cent at nine months. As a result, patients have reported an improvement in their quality of life, and pharmacists, all of whom have undergone training to become accredited to provide the service, have deemed the scheme "professionally satisfying and rewarding", says Mr Eastham.

Boots says it intends to have the scheme rolled out to 125 stores by next month. Mr Eastham says the company is looking at further opportunities, but won't be drawn on specifics, merely commenting: "We will look at the areas where NHS provision is insufficient for demand, or areas where the accessibility of community pharmacy can be leveraged." So keep an eye out for your local Boots pharmacy - there may soon be a private PGD coming to a store near you.

The pharmacist's view:

Boots pharmacist Sally Oozbey has been helping customers beat the bulge since the retailer launched its weight loss programme at the Stockport store where she works last year.

Helping hundreds of customers shed thousands of pounds has been a satisfying experience says Ms Oozbey, who has worked for Boots for over 27 years. "We were one of the pilot stores for the scheme and it's been a great success," she says. "Customers are delighted to have access to the service without needing to visit their doctor. We've been able to give regular support and it's been very rewarding professionally."

The programme begins with a face-to-face consultation between pharmacist and patient, who must have a body mass index of 30 or more to qualify, explains Ms Oozbey. "We have a chat about their background and get an idea of how motivated they are to lose weight," she says. Establishing patient responsibility is an important part of a programme offering prescription only weight loss medicine orlistat adds Ms Oozbey. "This scheme is about more than just a medicine. People need to be committed to losing weight and thinking about other factors like diet and exercise."

After an initial consultation customers undergo blood pressure and glucose testing. The checks allow people with results "outside the normal range" to be referred to their GP for further investigation according to Ms Oozbey. Customers can then select a four or twelve week weight loss course, which include a monthly check up to judge progress. Ms Oozbey says: "We discuss how well they've been doing and areas for improvement. Patients can't just stand still and expect to lose weight. We have a strict criteria and it's important they show motivation to succeed."

With the average customer weighing in 6.5 per cent lighter after three months according to Boots trials, the scheme could provide a heavyweight opportunity for both pharmacist and patient alike claims Ms Oozbey. "It is a very effective scheme for losing weight. And for pharmacists it's an example of how they can be offering healthcare services under the new contract."

Registering with the Healthcare Commission

The Boots pharmacies that provide orlistat under a 'private PGD' are registered as independent healthcare providers with the Healthcare Commission. To facilitate the process, the multiple has set up a new arm called Boots The Chemist Independent Medical Agency (BTCIMA). To register with the Healthcare Commission, the clinics need to demonstrate compliance with the Care Standards Act 2000. The commission tests compliance at least annually by assessing each registered establishment against a set of government-set minimum standards. The evaluation covers safety, governance, clinical and cost effectiveness, patient focus, accessibility and responsiveness of care, and environment and amenities.

In addition, the Healthcare Commission has set three conditions of registration:

- that BTCIMA develops a PGD for the supply of specified medicines to specific patients groups in identified pharmacies.
- that BTCIMA will develop PGDs that do not require intimate examinations and will issue standards for pharmacies to provide suitable facilities for patient consultations.
- that BTCIMA will notify the Royal Pharmaceutical Society of all arrangements with each pharmacy for the supply of medicines via PGD.

For more information on the Healthcare Commission, see www.healthcarecommission.org.uk

Pharmacy quit scheme's 17pc quit rate in one year

A community pharmacy smoking cessation scheme in Glasgow has recorded a 12-month quit rate of 17 per cent.

To date, the "Starting Fresh" initiative, which involves 85 per cent of pharmacies in the city, has seen 24,000 patients since its launch in May 2003. AS well as the high success rate at 12-month follow-up, analysis has shown that 35 per cent of patients signed up to the programme quit after four weeks, and 44 per cent after three-months, said Greater Glasgow NHS Board public health pharmacy facilitator Duncan Hill.

The project was designed to help the high number of smokers in Glasgow – at 41 per cent, the city's prevalence is higher than the Scottish national average of 32 per cent. Under the scheme, smokers get weekly structured support and NRT for 12 weeks and are followed up after one year.

Mr Hill said the programme had reduced prescription costs by £166,700 and prescription items by 6,706 per annum. Furthermore, the project had succeeded in its aims of reducing health inequalities and GP workloads, improving patient access to NHS services and cost effective prescribing, and developing community pharmacists' public health role, he concluded.

Patient satisfaction is very important to us and working through the PCT we've been able to enhance our services

Epilepsy reviews add value

A pharmacist-led epilepsy review scheme benefits patients who may be considered disadvantaged and stigmatized, a practice support pharmacist has said.

Huddersfield pharmacist Carole Brown set up the initiative with the aim of improving the standards of care offered to epilepsy patients in primary care. Patients were offered an extended clinical review that looked at medication, monitoring and lifestyle, and took place in their home, the GP surgery or in the form of a telephone consultation.

Of the 120 patients seen by the pharmacist, some became seizure free following dose titration, whereas others benefited from receiving information on topics such as side effects, lifestyle changes, bone health, the importance of medication compliance and the support and resources available. Pharmacists can offer holistic medicines assessments whereas specialist nurses tend to only look at the drugs involved in the disease they are reviewing and GPs lack the time to do a comprehensive review, concluded Mrs Brown.

PCT-backed pharmacy pioneer

Sheffield pharmacist Tina Cooke has offered first hand experiences of working with her local PCT to pioneer new contract services.

Ms Cooke, who runs the Vantage Pharmacy in Sheffield, has introduced diabetes screening, blood pressure testing, weight management and smoking cessation services after successfully applying for South East Sheffield PCT's project to improve local healthcare.

The PCT offered £48,000 funding to 12 local pharmacies that demonstrated a commitment to improving health services in Sheffield. Ms Cooke secured £6,000 in 2001, which has been invested in equipping her pharmacy to provide healthcare services for the local community, she said. Part of the money was used to hire a specialist nurse to identify and assist patients with type II diabetes said Ms Cooke.

The pharmacy has also launched health awareness campaigns including breast cancer, stop smoking and ask about medicines weeks, she explained. Ms Cooke said: "I wanted to raise awareness of the value of pharmacy in community healthcare. Patient satisfaction is very important to us and working through the PCT we've been able to enhance our services."

The new pharmacy contract paves the way for real service development, PSNC chief executive Sue Sharpe told delegates at PSNC's community pharmacy conference. Gary Paragpuri reports

Rising to the challenge

The new pharmacy contract for England and Wales will allow the service to develop its full potential despite the inevitable outstanding issues that need to be settled, delegates at PSNC's community pharmacy conference were told.

There is a "real momentum" among contractors and community pharmacists and "real enthusiasm" for the developing role of the pharmacist in the community, PSNC chief executive Sue Sharpe said, despite the "inevitable concern and uncertainty" that comes with such a fundamental change.

Mrs Sharpe said the contract provided the opportunity for real service development and differentiation. "Initially this is primarily found in the adoption of advanced services, but it will not stop there. Through use of PGDs, prescribing, and the development of screening and testing services, pharmacies will have a wealth of opportunity in the future," she told the 300 or so delegates.


Sue Sharpe: Pharmacy will have a wealth of opportunities in the future

Addressing issues such as the forthcoming practice-based commissioning and the re-organisation of PCTs, Mrs Sharpe hoped it would "not hinder the development of the pharmacy service too much".

The decision to re-organise PCTs could "not have come at a worse time", she said, adding that the uncertainty that PCT pharmaceutical advisers had about their future employment and roles would not help the NHS make the most of pharmacists' contributions.

Mrs Sharpe also highlighted outstanding issues relating to the contract. These are:

- The DoH consultation on *Drug Tariff* simplification: PSNC has been assured changes will be cost neutral to pharmacy, Mrs Sharpe said. Although PSNC supported a more rational and simplified payment structure, it would need to ensure changes could not be used to affect pharmacy adversely.
- Branded generics: PSNC is opposing the proposal to add them to the *Drug Tariff*. Contractors can be stripped of ability to earn a fair return if a local practice prescribes branded generics and this is incompatible with fair funding and a competitive market.
- Oxygen: "Another festering sore" that must be healed. Mrs Sharpe said that the problem of cylinder discrepancies had to be resolved and contractors should not be penalised where they have acted responsibly and complied with the service specifications.
- DDA assessments: Decisions on what support people need under the new contract must be made by the pharmacy. It is not a decision to be made by the GP, or the PCT, Mrs Sharpe said. "In some areas, GPs and PCTs have been giving wholly unsound advice to patients that has made the pharmacists' compliance with his or her duty even more difficult."

Pharmacy has opportunity as 'never before' says minister

Health minister Jane Kennedy has urged pharmacists to make the most of the opportunities provided under the new pharmacy contract to provide better services for patients.

"Getting behind the framework, thinking about it creatively and positively should open up tremendous possibilities," she told delegates at last Wednesday's PSNC conference in Manchester.

Adding that pharmacists had a "great reservoir of public trust and confidence", Ms Kennedy said: "Here is the opportunity as never before to build on that confidence … I hope you will embrace it wholeheartedly."

Turning to the current proposal to reconfigure the number of primary care trusts, Ms Kennedy said it was "vital that pharmacy is fully considered" as part of the re-structuring process. The role of PCTs will change from healthcare provider to commissioner and pharmacy should be considered in PCTs' business continuity plans, she added.

The minister also commented on the Government's white paper on health outside hospitals as another key issue in the future that will affect pharmacy. She said the paper "will be a key initiative for modernising primary care service delivery for the future", and added: "I can assure you that I recognise and value your role in that process."

Touching on the revised control of entry regulations introduced earlier this year, Ms Kennedy said the reason for their introduction had been to improve patient choice and convenient access.

Patient expectations of a high quality service continue to rise and pharmacists must ensure that the quality of their service matched this, the minister said. "The time is right for you to be recognised first and foremost as providers of clinical services, not simply another high street retailer," she told delegates.


Jane Kennedy: Get behind the framework

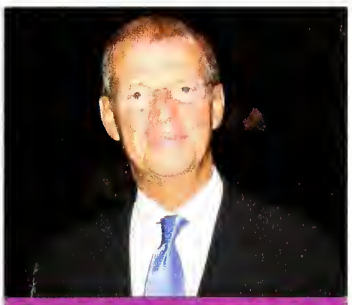
Work together to build on contract momentum

The profession should work collaboratively to build on the momentum created by the new pharmacy contract, PSNC chairman Barry Andrews said in his conference introduction.

"The momentum for change is there and none of us, in pharmacy or the NHS, wants to put the brake on," he told delegates. "The best way forward for everyone is to work collaboratively, to avoid the wasted energy of confrontation and to work through problems," he said.

Mr Andrews said there had been "great progress" in meeting both the essential and advanced service requirements of the contract. "Thousands of MURs are being conducted each month already, and the speed with which contractors are moving to install consultation areas is staggering," he said.

But he said the profession should not underestimate the size and scope of the change taking place. "It is not just a change in details of the services; not even a change in the services. It is a change of culture for pharmacies," he told delegates.



Barry Andrews: Thousands of monthly MURs being conducted

Mr Andrews also highlighted primary care reforms happening alongside the new contract, such as the reconfiguration of PCTs and the forthcoming white paper on health outside hospitals.

He added that as NHS primary care reorganised itself, it needed to address some fundamental issues, including: how to focus on what pharmacy can do; how to avoid marginalising pharmacy while health authorities grappled with organisational change; and how to ensure the new contract's opportunities were fully utilised.

One death in community pharmacy [illegible]

The speaker: Wendy Harris, head of safety solutions, National Patient Safety Agency
The topic: The new contract and patient safety

Key points

- The NPSA's reporting system – the NRLS – helps the NHS to learn from patient safety incidents. The scheme is not punitive but has an open and fair culture.
- A reporting template has been produced (see *C&D* next week).
- One death in community pharmacy reported this year.
- Community pharmacy reports are rising in number every month but severe incident reporting is low. It may be that pharmacists are not reporting all incidents.
- Quality of pharmacy reporting is intelligible and sensible but pharmacists also need to include manufacturer of medicines and severity of harm.
- Most frequent incident type is supply of wrong medicine (30 per cent of this is wrong drug, and 20 per cent is wrong strength supplied).
- Half of reports of community pharmacy incidents are not made by pharmacists: they are made following hospital admissions or by delivery drivers delivering medicines to the wrong address.
- Pharmacy risk management should include significant event audit (already conducted by GPs), prospective risk assessment (better to predict and prevent), and root cause analysis.
- The current safety culture within community pharmacy can be mostly put in to two groups: those who react every time an incident occurs) and those who consider it a waste of time.

Dispensing hazards include: look-alike names, multiple drug formulations, abbreviations, death by decimal point, look-alike packaging, and concurrent OTC usage (highest drug causal group for hospital admissions is OTC NSAIDs).

Professor Ron Eccles, director of the Common Cold Centre, Cardiff University, addresses the possibility of early intervention in the management of the common cold and the window of opportunity that has been identified as the optimum time for successful cold defence treatment.

The common cold is the most common disease of mankind with adults suffering 2-5 colds a year and school children between 7-10 colds each year. There is great variation in the severity of these colds, as symptoms vary from a few sneezes and a bit of throat irritation right up to a flu-like illness that puts you out of action for many days.

Not all infections with cold viruses cause symptoms as the infection may be sub-clinical and so we are unaware that we have been infected with a virus. In the winter period when common cold viruses are circulating in the community, for every person with common cold symptoms there may be 2-3 people who are infected with the colds virus but who have not developed symptoms.

The average incubation period for a cold is two days, after which full blown cold symptoms may develop. However, 36 hours after initial infection sufferers will feel the first signs of infection which often present themselves in the form of a tickly/sore throat or sneezing. Some scientists have put forward the idea that it is not the small amount of damage caused by the cold virus but the body's immune response to the virus that causes the symptoms. However, whatever the reason the optimum time to act is this 36 hour period when we can help our body to defend against a full blown cold developing.

Antiviral treatments such as Relenza® and Tamiflu® are now available on prescription (POM) for the treatment of influenza (not colds) but like all antivirals, in order to be effective they must be used within 48 hours of the first symptoms. This demonstrates that with respiratory viral infections there is a 48 hour window of opportunity for treatment and it is necessary to inactivate the viruses before they replicate in large numbers and trigger a strong immune response and severe symptoms.

Following this principle and with the right product, cold intervention is possible.

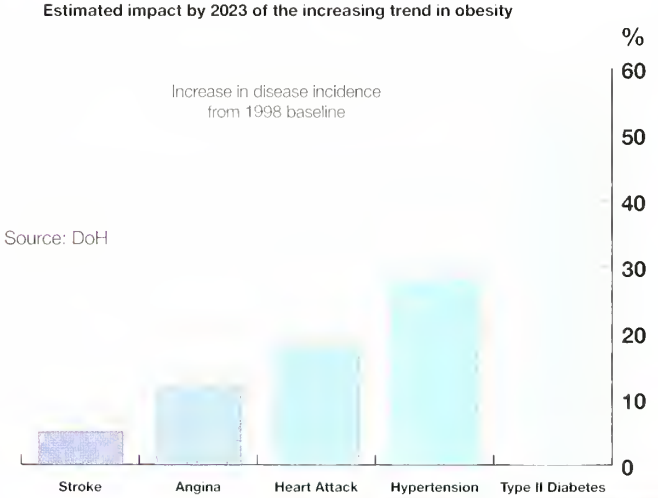
A public role for pharmacy

Speaker: Mala Rao, head of public health workforce and capacity, Department of Health
Topic: Choosing Health Through Pharmacy

Key points:

- The priorities identified in the national public health strategy *Choosing Health* are linked to the non-negotiable public service agreements agreed between the Treasury and the DoH.
- *Choosing Health* priorities are: reducing numbers of smokers; reducing obesity; increasing physical activity, improving diet; encouraging sensible drinking; improving sexual health; improving mental health; and reducing health inequalities.
- Obesity rates have grown from between 7 per cent of men and women in 1980 to about 23 per cent in 2003.
- 64 per cent of men and 52 per cent of women were either obese or overweight in 2003.
- Prevalence of smoking cigarettes in adults in England hardly altered between 1992 and 2003.
- *Choosing Health Through Pharmacy* focuses on releasing pharmacy's potential for health improvement e.g. as source of information, by tackling health inequalities, by tackling long term conditions, by pharmacists becoming health champions.
- Pharmacy contract has public health roles e.g. prescription-linked health advice, six public health campaigns per year, support for self care and sign posting.
- Implementation group for *Choosing Health Through Pharmacy* will meet on October 24 bringing together stakeholders to drive strategy.
- In future, pharmacists will contribute to *Choosing Health* at every level.

Estimated impact by 2023 of the increasing trend in obesity



Earning a commission

The speaker: Ian Spencer, director of clinical governance, Northumberland, Tyne and Wear SHA
The topic: SHAs: supporting implementation and encouraging excellence

Key points:

- Under the Government's plans for pharmacy, such as 'Pharmacy in the Future', pharmacy services will be designed around the needs of patients, be integrated with other services, make best use of staff and skills, take advantage of modern technologies, and operate within flexible contractual arrangements that promote and reward quality.
- Four contracting routes exist for primary care commissioners: GMS – general medical services (provided by practices with at least one GP or by certain type of limited company); PMS – personal medical services (provided by practices, nurses, other clinicians or PCTs); APMS – alternative providers medial services (provided by commercial providers, voluntary sector, not for profit organisations, NHS trusts and PCTs); PCTMS – PCT medical services (provided by PCTs).
- Pharmacy has been slow to look at the four contracting routes.

Contract monitoring

Speaker: Jim Barlow, associate director of primary care, Burntwood, Lichfield & Tamworth PCT
Topic: monitoring the pharmacy contract

Key points:

- The quality assurance framework will ensure a consistent approach to monitoring the contract.
- It will measure the essential and advanced services but enhanced services may be included in future.
- Process should be supportive and developmental, and is not designed to remove pharmacists from PCT lists.
- Assessment team will comprise a minimum of two people (one who understands community pharmacy and one who understand primary care contracting).
- Visits expected to last about two hours and could be planned around lunchtimes, evenings or Saturday afternoons. Contractors may request LPC representative to attend.
- Contractors expected to complete self-assessment checklist about a month prior to visit.
- Assessment report will be available to public under Freedom of Information Act.
- Report will list actions, timetables and support to be offered if contract specifications are not being met.
- No funding for contractors to employ locums during visit.

Jim Barlow: Pharmacy visits will last about two hours

Classifiedads

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Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. **Telephone:** 01732 377493, **Fax:** 01732 377179.
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Appointments

CLINICAL DATABASE RESEARCH EDITORS

Singapore

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Regret that only short listed candidates will be contacted.

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Appointments

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To make your opinion heard, call Nicola Bland on 01252 749228 or email nicola.bland@alliancepharmacy.co.uk by the 17th November 2005

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Back ISSUES

The **satirical** guide to **SOPs**

For pharmacists still wondering how to draw up Standard Operating Procedures, help is at hand. Pharmacist Andrew Calder from Lancashire has drawn up a 'realistic' SOP guide using his 36 years of experience...

1) Decide by how many hours/days the task can be put off.

2) Finally make an attempt to start the task if at all possible.

3) Perform the task safe in the knowledge that you will be able to work without any distractions at all, such as phone calls, requests to be seen by patients, reps, meter reader, local travellers selling clothes pegs and white heather, or keeping a close watch on the local shoplifters eyeing-up stock on the shelves.

4) Finish the task (hopefully on the same day as it was started!) then complete the mountain of paperwork that is bound to be unsolved, however trivial the job.

Warning: Do not switch on the kettle in an attempt to make a drink or have a break – this invariably results in an influx of customers bearing multi-item prescriptions!

A mandatory work break is a luxury not a divine right – the chances of having a hot drink or few minutes away from work are about as great as finding elves and pixies under toadstools on the lawn!

Prior to paragraph 3 above, ensure that the pigs have been watered and fed and declared airworthy in readiness for take-off!

Welcome to the real world, folks!

Ap o n m nt


Jim Gee

Jim Gee has been elected as the first director-general of the new European Healthcare Fraud and Corruption Network.

He held the same position at the NHS counter fraud service from 1998 and has worked in the field for over 20 years.

Mr Gee will be responsible for implementing the network's policies to reduce the cost of fraud and corruption across Europe.

Sukhjit Singh Grewal has been appointed as the NPA's first member liaison manager. The post will involve measuring satisfaction among exisiting members and improving services.

Coffee challenge

Congratulations to staff and customers at Clarshire Pharmacy in Surrey, who raised £215 taking part in the Macmillan world's biggest coffee morning. Coffee and snacks were served to customers, who could also get information on healthy living and dealing with a life-limiting illness. Pictured are pharmacist Shenu Barclay (right) and her assistant Pam Kedge

Pharmacist Hanif Seedat is going the extra mile to fight Britain's biggest killer, heart disease. The 45-year-old will set out on a 100km trek in Southern Patagonia in March 2006 to raise money for the British Heart Foundation. Mr Seedat, who works in Hariesden, North West London, felt compelled to raise money for the BHF after his older brother had a heart attack and his mother developed heart disease. To offer sponsorship call Mr Seedat on 020 8965 2112

Double **celebration**

A double celebration was in order for staff at DE Pharmaceuticals last month. As well as being named one of the North East's 50 Fastest Growing businesses, the Northumberland wholesaling company is marking 20 years of successful trading.

Staff, suppliers and customers are pictured at a celebratory golf day, which was followed by an evening dinner.

Some would say it was the last straw, but for pharmacist Justin Phillips imitation is the best form of flattery. His slightly scruffier twin has been entertaining customers as part of a local scarecrow competition in Cowbridge, South Wales. And despite his stuffed counterpart's eccentric look, Justin believes the likeness is quite flattering. "My hair does look that wild first thing, but I try and tame it before I get to work"

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